7:Lewis S-5 (ca. 1940-45) 1948 MD1 Syria MD1

MALARIA, IRRIGATION, AND SOIL EROSION IN CENTRAL SYRIA

NORMAN N. LEWIS

THIS study of the Selemiya region of central Syria had its origin in a modest wartime public-health program. Hundreds of patients suffering from malaria in the villages of this district were regularly treated by a mobile clinic, and it soon became obvious that this work had to be supplemented if not replaced by swamp drainage and other measures of malaria control. The necessary investigations showed that soil erosion in the hills in the east of the region was partly responsible for the swamps on the plain. The swamps themselves were frequently associated with ancient irrigation works. Thus various problems of the region—agricultural, social, and medical—were closely linked in origin and development. It was found that attempts to solve any one of them alone could not be more than partially successful, and the conclusion reached was that the ideal solution would have to be radical, comprehensive, and on a large-scale regional basis.

The Landscape

The greater part of the governmental subdistrict (caza) of Selemiya is a plain. Bounding it sharply on the west are low plateaus, capped by a level bed of basalt a few feet thick; to the southeast are ranges of hills, part of the Palmyrene group, to which the local collective name of Jebel Bil'as may be given.

The ground slope over much of the region is toward the town of Selemiya; drainage from an area of 620 square miles converges on the low flat land around the town. Because of the continuous subsurface flow, a perennial stream rises at Ain ez Zerqa, to flow 12 miles to the west to join the Orontes. All other perennial streams, however, are only a few hundred or thousand yards long and are used for irrigation; most of them rise in artificial underground channels. Most of the watercourses are wadis, dry or nearly dry for much of the year. In the hills these are steep, V-shaped valleys, on the plain generally wide, shallow, gravel-filled channels in gentle, open valleys.

Figure 2 gives a simplified indication of the configuration. Hydrologically, the strata may be simply grouped into the Cretaceous limestones

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7:Lewis S-5 (ca. 1940-45) 1948 MD1 Syria MD1

MALARIA AND ITS CONTROL

Foggaras and surface canals easily become partly blocked by vegetation, and floods and rain wash in mud and silt. The water is then ponded back, depressions near the canal bank fill, the canal may overflow, and, if it is built along the side of a valley, overflow or seepage will maintain swamps along the watercourse. Artificial blockages of foggaras also pond back the water. Near the lower end of most canals are "brick pits" from which earth has been taken to be made into mud bricks, and these also tend to fill with water. Everywhere wadis carry rain and seepage water in winter and spring and the overflow from irrigation canals in early summer and autumn, at which seasons there is a surplus. In other words, except during the peak irrigation and evaporation period of midsummer, they carry slow-moving, half-stagnant water.

All these places are potential, and most of them actual, breeding places of the mosquito *Anopheles sacharovi*, which favors shallow, sunny, warm waters, full of aquatic vegetation. At only one place in the area has another malaria carrier, *A. algeriensis*, been found, and the problem of malaria control in the region is thus essentially that of eliminating the *A. sacharovi* breeding grounds. Full statistics are not available, but such figures as do exist show the great need of such control. About 20 per cent of the patients treated by a mobile clinic in the region in 1942–1945 were suffering from malaria, and the percentage rose at times (especially in late summer) to 80 in some villages. Sometimes practically the whole population of a village was found to be infected. In Tell et Tout (population *c.* 550) about 50 deaths were due primarily to malaria in 1941, and almost the sole source of infection was the swamp caused by the deliberate blockage of a foggara.

Control work is apparently simple. Canal owners occasionally clean the canals of detritus and vegetation and repair the banks at the lower end. It is important that this work be done well and repeated every few years. Small depressions may be sprayed, filled with earth, or drained by a simple ditch. Broad, sluggish streams may be canalized by a ditch along the thalweg. The more efficient the irrigation, the less likely it is that mosquitoes will breed. Waste of water should be reduced to a minimum and a wide range of crops grown, so that irrigation begins early in the season and ends late. The "waste" water of natural watercourses may be utilized by the construction of a simple dam and gravity canal, or by the repair of the old subparallel foggara if, as is probable, there is one. Extensive stretches of swampy ground may be put to good use by drainage-irrigation schemes, which often include the repair of old foggaras. Malaria control should not stand on its own, an expensive

7:Lewis S-5 (ca. 1940-45) 1948 MD1 Syria MD1

880 necessity for health's sake alone, but should be part of a general *mise en valeur* of the region's resources. This is the type of approach which is most likely to succeed, because it is linked with the material interests of the landowners. They will lend their support and active participation if given technical advice, supervision, and material and financial help to defray part of the capital outlay.

Swamps, Floods, and Soil Erosion

185 Malaria-control measures were taken with a fair degree of success in 20 villages in 1944–1945. Various factors, however, combine to prevent a permanent reduction of the incidence of the disease. Among these are the necessity for constant supervision, the need for repeated cleanings of canals 735 and ditches, and the improvidence of the inhabitants. Most important is the 312 fact that floods will certainly undo much of the work.

731 Winter floods are frequently heavy enough to destroy or damage seriously the repair and maintenance works, which are of value to agriculture [illegible] and malaria control alike. Malaria causes debility and apathy among the villagers, and the certainty that floods will recur reinforces this apathy, making everyone disinclined to expend energy and money in work which must be done again in a few years. The canals and watercourses at Moufaggar, for example, have been badly damaged in the past; in fact, damage by floods was the main reason for the modification of the old foggara system. The southern foggara and watercourse are now protected against torrents by a concrete wall at the upper end, but as the system lies in one of the main valleys coming from Jebel Bil'as, it is doubtful whether the device will be a great success. Although the broad, nearly flat valley north of Selemiya has benefited from its wide catchment area—it is built up of alluvium, as much as 10 feet deep—it is partly derelict because floods have created extensive swamps and ruined old foggaras. In 1945–1946 useful drainage work was undertaken here.

731 The floods are due in part to the occasional sudden and torrential rainstorms, characteristic of this as of other semiarid regions. Wadis are sometimes filled for a few hours with violent, detritus-laden torrents and are then left dry again. The steep slopes and absorptive limestones are contributing factors. English merchants, traveling in 1691, noted[11] that after a heavy rainstorm

> those hollow Gutts which we passed over without the least appearance of Moisture, were, by the Cataracts which descended from the Mountains, become Rivers; . . . the next Morn-

[11] "An Extract of the Journals" (*op. cit.*), p. 244 [Miscellanea Curiosa, pp. 139-140].

11: Hourani S-4 (no date) 1946 MD1 Syria MD1

the towns is scarcely above subsistence-level. In most parts of the country the huts of the peasants, made of wattle or mud-brick or in parts of stone, contain nothing but the barest necessities; and the greater part of the population live on a diet of bread, olive-oil, milk and perhaps fruit and vegetables in season. Famine is rare, and has not occurred on a large scale since the First World War; but malnutrition is very widespread. On account of this and of the absence of sanitation and the scarcity of doctors in the country districts, the standard of health is also low. Malaria, typhoid, trachoma and other diseases are endemic. The standard of living is highest in Beirut and the Christian parts of Lebanon, which have profited greatly from the savings and experience of the emigrants to the New World.

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The changes in the economic system are beginning to cause far-reaching changes in the whole social structure. In the larger towns the externals of life are almost wholly modernized. Clothes and foodstuffs, the construction and furnishing of houses and methods of transport all approximate to those in use in Europe. The old externals it is true still linger on; the camel and the motor-car jostle one another in the streets of Damascus. But it is generally recognized, and on the whole without regret, that it is only a matter of time until the old completely disappears. In the small towns and villages of the Christian portions of Lebanon, too, the process of Westernization in externals has gone far. In the smaller towns and countryside of the interior, the change is slower in coming; but motor-cars and roads have prepared the way for it.

The fundamental social forms, however, are slower in changing. The dominant social class is still that of the landowners, who continue to possess a semi-feudal status. No other social class is strong or self-conscious enough to stand against them. The cultivators have little effective power of moving from one estate or region to another; although intelligent, they are too unenlightened to have much effective sense of grievance or capacity for political or economic combination. Only in parts of Lebanon does there exist a considerable number of free and comparatively enlightened smallholders. As yet there is neither an industrial middle

14:International Bank S-5 (1954) 1955 MD1 Syria MD1

11 PUBLIC HEALTH

The progress in public health has been much less spectacular and less steady than that in education. Expenditures on public health have increased sharply only in recent years. In 1954 the budget of the Ministry of Public Health amounted to £S 8.764 million or 4.2% of the regular budget, as compared with actual expenditures of £S 3.431 million or 3.4% of the total in 1945. Health facilities have been gradually expanding. The number of hospitals has risen from 35 with 1,785 beds at the end of 1945 to 61 with 4,094 beds at the end of 1954. Over the last seven years the government has spent, on an average, £S 1.3 million on public health facilities, so that government hospitals now have a total of 3,000 beds. The number of doctors in Syria has risen from 616 in 1945 to about 880 at present.

Yet it is generally recognized that the state of public health is far from satisfactory. This conclusion rests upon testimony and observation rather than health statistics. The statistics, indeed, are so inadequate as to provide little indication of health conditions. The number of deaths registered, for example, imply a death rate of but seven per thousand, but the record of deaths is evidently very incomplete and the actual death rate rather high. There is still a high incidence of debilitating diseases. Malaria, for example, is prevalent in many parts of Syria. Diseases such as tuberculosis and the many varieties of intestinal infections, which are generally associated with poor sanitation and hygiene, overcrowding and low standards of living, are quite widespread. Infant mortality is particularly high. Thus 36% of the registered deaths in 1951-53 occurred among children less than five years old, and of these about the same percentage died of diarrhoea and enteritis.

An effective campaign to raise health standards would require resources which Syria will hardly be able to mobilize at its present stage of development. The health program will have to remain rather modest and should attempt primarily to remedy the more glaring deficiencies. These are, principally, the inadequate attention given to preventive medicine and the markedly unequal geographic distribution of existing health facilities.

Preventive Medicine

The prevention of disease is likely in the long run to be more economical than curative medicine. The mission believes that this aspect of

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NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFARAT, 1951

Table No. 1 — جدول رقم ١

TYPE OF DISEASE	Total	Mohafazat — المحافظات: Damascus دمشق	Homs حمص	Hama حماة	Latakia اللاذقية	Aleppo حلب	Al Hasakeh الحسكة	Deir-es-Zor دير الزور	Suwaida السويداء	Dar'a درعا	نوع المرض	مجموع المحافظات
Total	16,306	6,357	701	1,291	1,071	4,922	206	661	529	547	المجموع	
Typhoid	79	28	3	—	—	11	—	13	22	2	حمى تيفوئيدية	
Typhus fever	—	—	—	—	—	—	—	—	—	—	حمى تيفية « تيفوس »	
Smallpox	2	—	—	—	—	2	—	—	—	—	جدري	
Measles	44	7	—	—	—	18	—	4	15	—	حصبة	
Scarlet fever	—	—	—	—	—	—	—	—	—	—	حمى قرمزية	
Whooping cough	38	8	2	1	—	3	—	—	24	—	سعال ديكي	
Diphteria	34	17	3	4	—	1	—	1	2	1	دفتري (خناق دفتريائي)	
Influenza	26	2	—	1	—	21	—	—	2	—	نزلة وافدة مخططة	
Plague	—	—	—	—	—	—	—	—	—	—	طاعون	
Tuberculosis of the respiratory System	146	35	13	13	1	67	1	9	—	6	داء الجهاز التنفسي	
All other forms of tuberculosis	65	21	7	9	8	14	—	1	—	1	الدرن غير مذكور	
Siphlis	7	3	—	—	—	1	—	—	—	3	الزهري	
Malaria	124	33	8	4	6	68	—	8	6	2	حمى ملارية (البرداء)	
Other infectious diseases	23	20	—	—	1	—	—	—	2	—	أمراض سارية غير مذكور	

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NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFAZAT, 1951

Table No. 1 (Contd.)

جدول رقم ١ (تابع)

TYPE OF DISEASE	Total مجموع المحافظات	Mohafazat المحافظات									نوع المرض
		دمشق Damascus	حمص Homs	حماة Hama	اللاذقية Latakia	حلب Aleppo	الحسكة Al Hasakeh	دير الزور Deir ez-Zor	السويداء Sweida	درعا Dir'a	
Cancer and other malignant tumours	225	96	18	24	6	71	3	3	3	2	سرطان والاورام الخبيثة
Non-malignant tumours or tumours of unspecified nature	16	14	—	1	—	—	—	—	—	1	اورام غير خبيثة واورام ليست صفة خبيثة غير معينة
Chronic Rheumatism and gout	1	1	—	—	—	—	—	—	—	—	الرثية المزمنة والنقرس
Diabetis mellitus	52	30	4	2	1	14	—	1	—	—	البول السكري
Chronic or acute alcoholism	45	22	—	—	—	18	—	—	1	—	التسمم الفول(البول)المزمن والحاد
Other general diseases and chronic poisoning	39	27	—	—	—	12	—	—	—	—	امراض عامة اخرى والتسمم المزمن
Intracranial lesions of vascular origin	164	97	2	14	2	48	—	—	1	—	اختلاج الحركة المتقدم وشلل عام نزيف دماغي سفادة خربان او تخثر الدم في الدماغ
Meningitis non-meningococcal	102	90	10	15	4	80	1	1	—	2	
Other diseases of the nervous system and sense organs	64	41	1	4	1	13	—	1	—	4	امراض اخرى في الجهاز العصبي والحواس
Diseases of the heart	1,200	666	66	71	13	402	3	13	6	12	امراض القلب
Other diseases of the circulatory system.	80	42	—	4	2	15	—	1	1	4	بقية جهاز الدورة الدموية
Bronchitis	576	366	10	11	2	94	—	21	39	3	ذات القصبات
Pneumonia & bronchopneumonia	1,139	407	117	113	17	95	1	28	16	20	ذات الرئة
Other diseases of the respiratory system other than T.B.	73	30	—	4	11	23	1	4	1	—	بقية امراض الجهاز التنفسي ماعدا السل
Diarrhea and enteritis	2,206	1,105	151	179	76	470	7	71	88	54	اسهال والتهاب الامعاء

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NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFAZAT, 1951

Table No. 1 (Concld.) — جدول رقم ١ (تتمة)

TYPE OF DISEASE	Total	Mohafazat									نوع المرض
	مجموع المحافظات	دمشق Damascus	حمص Homs	حماة Hama	اللاذقية Latakia	حلب Aleppo	الحسكة Al Hasakeh	دير الزور Deir ez-Zor	السويداء Suweida	درعا Dar'a	
Appendicitis	19	4	—	1	—	9	1	4	—	—	التهاب الزائدة الدودية
Diseases of the liver and biliary passages	188	102	7	5	12	50	1	8	2	1	امراض الكبد والمجاري الصفراوية
Other diseases of the digestive system	85	58	—	7	6	14	—	3	—	7	بقية امراض الجهاز الهضمي
Nephritis	224	102	13	15	8	78	—	—	3	6	التهاب الكلية
Other diseases of the urinary and genetal system	84	64	1	1	1	15	—	—	1	1	بقية امراض الجهاز البولي والتناسلي
Puerperal infection	30	7	5	5	—	9	1	1	2	—	تعفن الدم وحمى النفاس
Other diseases of pregnancy, childbirth and the puerperium	28	17	1	2	—	5	—	—	2	1	بقية امراض الحمل والولادة والنفاس
Diseases of the skin, cellular tissue, bones and organ of movement.	33	16	1	—	—	16	-	—	—	—	امراض الجلد والنسيج الخلوي والعظام واعضاء الحركة
Congenital malformations and debility, premature births diseases peculiar to the first year of life.	244	155	39	21	2	23	—	—	3	1	ضعف ولادي ؛ ولادة قبل الميعاد الشيخوخة
Senility	807	311	51	54	151	221	17	31	13	28	
Suicide	16	7	—	1	—	6	—	—	1	1	انتحار
Homicide	68	27	1	8	—	19	5	6	—	2	قتل
Accidental deaths	744	263	8	33	17	109	3	10	8	3	موت قسري بسبب حوادث
Causes of deaths ill-defined, unknown or unspecified	7,294	2,113	129	575	731	2,427	161	413	288	309	اسباب موت غير معينة

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

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NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFAZAT, 1952

Table No. 2.

جدول رقم ٢

TYPE OF DISEASE	سجل الوفيات Total	Mohafazat المحافظات									نوع المرض
		دمشق Damascus	حمص Homs	حماة Hama	اللاذقية Lattakia	حلب Aleppo	السويداء Sweida	دير الزور Deir ez-Zor	الحسكة Al Hasakeh	درعا Dar'a	
Total	17,798	7,118	999	1,410	1,096	4,777	448	477	214	1,259	الجموع
Typhoid	68	40	9	4	—	9	—	—	—	6	حمى تيفوئيدية
Typhus fever	—	—	—	—	—	—	—	—	—	—	حمى المشية « تيفوس »
Smallpox	1	1	—	—	—	—	—	—	—	—	الجدري
Measles	3	—	—	—	—	2	—	—	1	—	الحصبة
Scarlet fever	1	1	—	—	—	—	—	—	—	—	حمى قرمزية
Whooping cough	19	5	—	3	1	—	—	1	—	—	السعال الديكي
Diphteria	47	30	9	4	—	3	—	—	—	2	دفتري (خناق دفتريالي)
Influenza	20	14	—	—	1	5	—	—	—	—	نزلة والدة مختلطة
Plague	—	—	—	—	—	—	—	—	—	—	طاعون
Tuberculosis of the respiratory System	244	186	11	24	1	17	3	7	3	1	تدرن الجهاز التنفسي
All other forms of tuberculosis	35	9	3	5	—	17	1	—	—	1	تدرن غير ماذكر
Syphilis	2	2	—	—	—	—	—	—	—	—	الزهري
Malaria	88	21	4	1	10	34	3	10	3	2	حمى مرزقية (البرداء)
Other infectious diseases	8	4	—	—	—	2	—	1	—	1	امراض سارية غير ماذكر

مدير الصحة والشؤون العامة

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NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFAZAT, 1952

Table No. 2 (Contd.)

جدول رقم ٢ (تابع)

TYPE OF DISEASE	Total مجموع المحافظات	Mohafazat المحافظات: Damascus دمشق	Homs حمص	Hama حماة	Latakia اللاذقية	Aleppo حلب	Hasakeh Al الحسكة	Deir-ez-Zor دير الزور	Sweida السويداء	Dir'a درعا	نوع المرض
Cancer and other malignant tumours	289	145	23	30	4	89	2	1	—	3	سرطان والاورام الخبيثة
Non-malignant tumours or tumours of unspecified nature	19	6	—	—	1	10	—	—	1	1	اورام غير خبيثة واورام ليست معينة خبيثة غير معينة
Chronic Rheumatism and gout	3	1	—	—	1	—	—	—	—	—	الرثية المزمنة والنقرس
Diabetis mellitus	24	3	3	2	1	19	—	—	—	—	البول السكري
Chronic or acute alcoholism	93	70	3	—	—	18	—	—	—	2	التسمم الكولي / الكول بالمزمن والحاد
Other general diseases and chronic poisoning	42	36	—	—	2	3	—	—	—	2	امراض عامة اخرى وتسمم مزمن
Intracranial lesions of vascular origin	229	109	7	22	6	82	—	4	—	—	اصابات الدماغ الناشئة عن علل في الاوعية
Meningitis non-meningococcal	270	139	17	20	4	71	1	1	3	2	التهاب السحايا غير سحائية او غير معين
Other diseases of the nervous system and sense organs	80	12	3	19	1	15	—	1	1	—	امراض اخرى في الجهاز العصبي والحواس
Diseases of the heart	1,658	841	117	101	48	510	4	15	4	21	امراض القلب
Other diseases of the circulatory system.	80	31	1	4	—	21	—	1	—	3	بقية جهاز الدورة الدموية
Bronchitis	806	343	17	39	1	33	1	18	1	3	ذات القصبات
Pneumonia & bron-hopneumonia	899	344	114	79	17	280	3	26	3	25	ذات الرئة
Other diseases of the respiratory system other than T.B.	80	48	—	1	1	27	—	7	1	4	بقية امراض الجهاز التنفسي ماعدا السل
Diarrhea and enteritis	2,656	1,329	268	232	145	589	8	56	34	35	اسهال والتهاب الامعاء

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NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFAZAT, 1952

Table No. 2 (Contd.)

جدول رقم ٢ (تتمة)

TYPE OF DISEASE	Total مجموع المحافظات	Mohafazat المحافظات									نوع المرض
		دمشق Damascus	حمص Homs	حماة Hama	اللاذقية Latakia	حلب Aleppo	الحسكة Al Hasakah	دير الزور Deir ez-Zor	السويداء Sweida	درعا Dir'a	
Appendicitis	16	9	1	1	2	2	—	—	—	1	التهاب الزائدة الدودية
Diseases of the liver and biliary passages	818	365	9	16	24	84	1	3	2	14	امراض الكبد والمجاري الصفراوية
Other diseases of digestive system	101	89	—	11	0	20	1	1	—	—	بقية امراض الجهاز الهضمي والتهاب الكلية
Nephritis	308	113	12	25	19	126	—	2	4	5	
Other diseases of the urinary and genital system	113	41	8	6	10	43	—	1	1	1	بقية امراض الجهاز البولي والتناسلي
Puerperal infection	28	10	4	4	—	2	—	5	—	1	تعفن الدم وحمى النفاس
Other diseases of pregnancy, childbirth and the puerperium	29	13	2	2	—	6	—	—	—	—	بقية امراض الحمل والولادة والنفاس
Diseases of the skin, cellular tissues, bones and organs of movement.	35	13	—	1	1	13	—	—	—	—	امراض الجلد والنسيج الخلوي والعظام واعضاء الحركة
Congenital malformations and debility, premature births diseases peculiar to the first year of life.	242	145	41	29	—	24	—	2	—	1	ضعف ولادي ؛ ولادة قبل الميعاد
Senility	1,003	317	153	78	173	306	5	26	16	49	الشيخوخة
Suicide	16	10	—	1	—	2	1	1	1	2	الانتحار
Homicide	52	18	4	2	14	25	2	4	—	3	قتل
Accidental deaths	416	195	13	44	6	154	—	4	—	2	موت قسري بسبب حوادث
Causes of deaths ill-defined, unknown or unspecified	7,406	2,053	189	605	894	2,171	179	284	373	990	اسباب موت غير معينة

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الصحة والاسعاف العام

عدد الوفيات المسجلة حسب الامراض الرئيسية والمحافظات ١٩٥٣
NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFAZAT, 1953

Table No. 8.

جدول رقم ٨

TYPE OF DISEASE	نوع المرض	Total مجموع الجمهورية	Mohafazat المحافظات									
			Damascus دمشق	Homs حمص	Hama حماة	Latakia اللاذقية	Aleppo حلب	Al Hasakeh الحسكة	Deir ez-Zor دير الزور	Sweida السويداء	Dar'a درعا
Total	المجموع	16,403	7,462	915	813	1,280	4,436	206	346	227	798
Typhoid	حمى تيفوئيدية	56	30	5	3	—	6	—	2	3	1
Typhus fever	حمى تيفية « تيفوس »	1	—	—	—	—	1	—	—	—	—
Smallpox	جدري	2	—	—	—	—	2	—	—	—	—
Measles	حصبة	10	18	2	3	7	10	—	—	—	—
Scarlet fever	حمى قرمزية	2	1	—	—	—	—	1	—	—	—
Whooping cough	سعال ديكي	3	1	—	—	7	—	—	—	—	—
Diphteria	دفتري (خناق دفتريالي)	36	17	6	1	4	7	—	1	—	—
Influenza	نزلة والدة مخاطية	28	4	—	—	16	8	3	—	—	—
Plague	طاعون	10	5	—	—	—	4	1	—	—	—
Tuberculosis of the respiratory System	تدرن الجهاز التنفسي	100	55	2	7	2	32	2	9	—	—
All other forms of tuberculosis	تدرن غير ماذكر	39	3	3	5	—	17	—	—	—	1
Siphilis	الزهري	4	2	—	—	2	—	—	—	—	—
Malaria	حمى مزلية (البرداء)	36	4	6	—	14	29	3	—	—	—
Other infectious diseases	امراض سارية غير ماذكر	13	6	—	1	—	6	—	—	—	1

عدد الوفيات المسجلة حسب الامراض الرئيسية والمحافظات ١٩٥٣

NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFAZAT, 1953

Table No. 3 (Cont'd.)

جدول رقم ٣ (تابع)

TYPE OF DISEASE	Total مجموع المحافظات	Mohafaza المحافظات									نوع المرض
		Damascus دمشق	Homs حمص	Hama حماة	Lattakia اللاذقية	Aleppo حلب	Al Hasakeh الحسكة	Deir-ez-Zor دير الزور	Suweida السويداء	Dar'a درعا	
Cancer and other malignant tumours	330	181	21	14	8	105	6	3	—	1	سرطان والاورام الخبيثة
Non-malignant tumours or tumours of unspecified nature	20	2	—	1	3	14	—	—	—	—	اورام غير خبيثة واورام ليست صفة خبيثة غير معينة
Chronic Rheumatism and gout	2	2	—	—	—	—	—	—	—	—	الرثية المزمنة والنقرس
Diabitis mellitus	81	21	3	3	—	15	—	—	—	—	البول السكري
Chronic or acute alcoholism	97	21	0	3	1	33	—	—	—	—	التسمم الكولي (البول) المزمن والحاد
Other general diseases and chronic poisoning	148	139	—	3	2	3	—	—	—	1	امراض عامة اخرى وتسمم مزمن
Intracranial lesions of vascular origin	180	86	9	10	3	59	1	4	—	1	اختلاج الحركة المتقدم وشلل عام
Meningitis non-meningococcal	269	153	24	16	23	72	—	—	—	2	نزيف دماغي سداده شريان او تكثر الدم في الدماغ
Other diseases of the nervous system and sense organs	81	18	1	6	1	33	1	1	—	—	امراض اخرى في الجهاز العصبي والحواس
Diseases of the heart	1,844	940	99	98	57	601	15	22	3	11	امراض القلب
Other diseases of the circulatory system.	38	11	—	3	1	13	—	—	—	—	بقية جهاز الدورة الدموية
Bronchitis	613	423	26	20	22	110	6	3	1	5	ذات القصبات
Pneumoni & bronchopneumonia	1,197	505	187	36	26	286	13	16	6	20	ذات الرئة
Other diseases of the respiratory system other than T.B.	140	82	—	13	15	22	1	3	—	1	بقية امراض الجهاز التنفسي ماعدا السل
Diarrhea and enteritis	2,727	1,656	273	117	59	494	26	80	5	45	اسهال والتهاب الامعاء

السجل والاسعاف العام

عدد الوفيات المسجلة حسب الأمراض الرئيسية والمحافظات ١٩٥٢

NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND MOHAFAZAT, 1952

Table No. 3 (Concld.)

جدول رقم ٣ (تتمة)

TYPE OF DISEASE	Total	Mohafazat									نوع المرض	المحافظات
		Damascus دمشق	Homs حمص	Hama حماة	Latakia اللاذقية	Aleppo حلب	Al Hasakeh الحسكة	Deir-ez-Zor دير الزور	Suweida السويداء	Der'a درعا		
Appendicitis	82	38	2	—	3	6	2	—	1	—	التهاب الزائدة الدودية	
Diseases of the liver and biliary passages	220	144	9	11	8	61	—	—	—	—	امراض الكبد والمجاري الصفراوية	
Other diseases of the digestive system	160	94	1	10	20	25	—	—	—	1	بقية امراض الجهاز الهضمي	
Nephritis	362	128	15	14	13	132	2	4	1	3	التهاب الكلية	
Other diseases of the urinary and genital system	60	15	1	1	9	32	—	—	2	—	بقية امراض الجهاز البولي والتناسلي	
Puerperal infection	35	12	13	2	3	6	—	—	—	—	تعفن الدم وحمى النفاس	
Other diseases of pregnancy, childbirth and the puerperium	41	20	4	1	2	11	1	2	—	—	بقية امراض الحمل والولادة والنفاس	
Diseases of the skin, cellular tissues, bones and organs of movement.	18	12	—	—	—	6	—	—	—	—	امراض الجلد والنسيج الخلوي والعظام واعضاء الحركة	
Congenital malformations and debility, premature births diseases peculiar to the first year of life.	335	248	24	9	6	21	1	3	1	—	تشوهات ولادية ؛ ولادة قبل الميعاد	
Senility	904	256	125	62	121	227	6	35	6	27	الشيخوخة	
Suicide	23	13	—	1	3	6	—	—	—	—	الانتحار	
Homicide	108	68	1	6	10	17	6	—	—	—	قتل	
Accidental deaths	342	127	8	24	5	144	11	9	11	3	موت قسري بسبب حوادث	
Causes of deaths ill-defined, unknown or unspecified	5,537	1,861	54	313	779	1,754	97	159	127	613	اسباب موت غير معينة	

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الصحة والاسعاف العام

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عدد الوفيات المسجلة حسب الامراض الرئيسية والاعمار ١٩٥١

NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND AGE, 1951

Table No. 4.

جدول رقم ٤

TYPE OF DISEASE	المجموع Total	Age (years) الاعمار (بالسنوات)					الامراض
		من ٠ ـ ١ From 0-1	من ١ ـ ٤ From 1-4	من ٥ ـ ١٤ From 5-14	من ١٥ ـ ٣٠ From 15-30	من ٣٠ وفوق From 30 and over	
Total	16,385	2733	2,817	1,589	1,973	6,922	المجموع
Typhoid	70	6	23	22	17	12	حمى تيفوئيدية
Typhus fever	—	—	—	—	—	—	حمى تشية « تيفوس »
Smallpox	2	—	2	—	—	—	جدري
Measles	44	18	23	2	1	—	حصبة
Scarlet fever	—	—	—	—	—	—	حمى قرمزية
Whooping cough	35	21	10	1	—	—	سعال ديكي
Diphteria	34	7	18	7	—	2	دفتري (خناق دفتريائي)
Influenza	30	4	2	4	2	14	نزلة وافدة مخططة
Plague	—	—	—	—	—	—	طاعون
Tuberculosis of the respiratory System	146	1	8	11	50	76	السل الجهاز التنفسي
All other forms of tuberculosis	65	5	4	9	23	24	السل غير ماذكر
Siphilis	7	—	—	—	1	6	الزهري
Malaria	124	22	25	16	24	37	حمى مرزقية (البرداء)
Other infectious diseases	23	3	5	7	6	2	امراض سارية غير ماذكر
Cancer and other malignant tumours	223	1	1	3	12	209	سرطان والاورام الخبيثة
Non-malignant tumours or tumours of unspecified nature	16	—	1	2	2	11	اورام غير خبيثة واورام لما صفة خبيثة غير معينة
Chronic Rheumatism and gout	1	—	—	1	—	—	الرثية المزمنة والنقريس
Diabtis mellitus	52	—	1	1	2	48	التبول السكري
Chronic or acute alcoholism	48	4	2	—	1	41	التسمم الكولي (التول المزمن والحاد
Other general diseases and chronic poisoning	39	8	9	1	3	19	امراض عامة اخرى وتسمم مزمن
Intracranial lesions of vascular origin	164	—	2	3	6	153	اختلاج الحركة المتقدم وشلل عام نزيف دماغي سمادة شريان او تخثر الدم في الدماغ
Meningitis non-meningococcal	192	3	7	6	21	155	

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عدد الوفيات المسجلة حسب الامراض الرئيسية والاعمار ١٩٥١
NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND AGE, 1951

Table No. 4 (Cnuld.)

جدول رقم ٤ (تتمة)

TYPE OF DISEASE	Total المجموع	Age (in years) الاعمار (بالسنوات)					المرض
		من ٠ ـ ١ From 0-1	من ١ ـ ٤ From 1-4	من ٥ ـ ١٤ From 5-14	من ١٥ ـ ٢٠ From 15-20	من ٢٠ وما فوق From 20 and over	
Other diseases of the nervous system and sense organs	61	5	6	6	10	27	امراض اخرى في الجهاز العصبي والحواس
Diseases of the heart	1,280	11	6	27	86	1,171	امراض القلب
Other diseases of the circulatory system.	89	9	4	5	10	61	بقية امراض الدورة الدموية
Bronchitis	676	280	185	27	24	61	ذات الشعبات
Pneumonia & bronchopneumonia	1,139	402	220	97	85	245	ذات الرئة
Other diseases of the respiratory system other than T.B.	72	12	20	7	12	21	بقية امراض الجهاز التنفسي ماعدا السل
Diarrhea and enteritis	2,306	1,179	725	102	49	163	اسهال والتهاب الامعاء
Appendicitis	10	—	—	1	9	9	التهاب الزائدة الدودية
Diseases of the liver and biliary passages	188	8	6	10	24	138	امراض الكبد والمجاري الصفراوية
Other diseases of the digestive system	85	26	12	5	16	26	بقية امراض الجهاز الهضمي
Nephritis	227	4	17	15	12	179	التهاب الكلية
Other diseases of the urinary and genital system	84	1	1	—	8	74	بقية امراض الجهاز البولي والتناسلي
Puerperal infection	20	—	1	3	13	14	تسمم الدم وحمى النفاس
Other diseases of pregnancy, childbirth and the puerperium	28	—	—	—	6	22	بقية امراض الحمل والولادة والنفاس
Diseases of the skin, cellular tissues, bones and organ of movement.	33	5	2	6	4	14	امراض الجلد والنسيج الخلوي والعظام واعضاء الحركة
Congenital malformations and debility, premature births diseases peculiar to the first year of life.	344	323	5	—	1	15	ضعف ولادي ؛ ولادة قبل الميعاد
Senility	807	—	—	—	—	807	الشيخوخة
Suicide	16	—	—	—	10	6	الانتحار
Homicide	68	1	—	3	32	32	قتل
Accidental deaths	444	96	40	73	109	126	موت قسري بسبب حوادث
Causes of deaths ill-defined, unknown or unspecified	7,284	915	1,028	1,089	1,306	2,946	اسباب موت غير معينة

Source : Ministry of Health

المصدر : وزارة الصحة والاسعاف العام

NOTE : The above figures have been arrived at from the returns submitted to the Ministry of Health by the Medical Officers in charge of the registration of deaths.As Medical Officers are not available at certain remote areas, and at bedouin centres, to register death occurrences, there appeared a discrepancy between the figures thus supplied and those on record with the Ministry of Interior, based on the Population Registers.

ملاحظة : توصلت وزارة الصحة والاسعاف العام الى الارقام المذكورة اعلاه بعد جمعها من الكشوف الواردة من اطباء الصحة المختصين بتسجيل الوفيات . ولما لم يكن لدى بعض القرى النائية ومراكز البدو الرحل اطباء يسجلون الوفيات فقد حدث في هذه القرى والمراكز لدى هذا القسم في التسجيل الى تباين ظهر من مقارنة هذه الارقام بتلك الواردة من وزارة الداخلية والمستندة الى سجلات النفوس .

الصحة والإسعاف العام

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عدد الوفيات المسجلة حسب الامراض الرئيسية والاعمار ، ١٩٥٣
NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND AGE, 1953

Table No. 5

جدول رقم ٥

TYPE OF DISEASE	المجموع Total	Age (in years) الاعمار بالسنوات					الامراض
		٠ - ١ 0 - 1	١ - ٥ 1 - 4	٥ - ١٤ 5 - 14	١٥ - ٣٠ 15 - 30	من ٣٠ وما فوق From 30 and over	
Total	17,788	8,750	2,439	1,527	1,857	7,213	المجموع
Typhoid	65	6	12	27	6	13	حمى ايفوئيدية
Typhus fever	—	—	—	—	—	—	حمى تشبه « تيفوس »
Smallpox	1	1	—	—	—	—	جدري
Measles	3	1	2	—	—	—	حصبة
Scarlet fever	1	—	—	—	—	1	حمى قرمزية
Whooping cough	10	5	4	1	—	—	سعال ديكي
Diphteria	47	17	25	4	—	1	دفتري (خناق دفتريائي)
Influenza	20	5	6	8	1	5	نزلة وافدة مختلطة
Plague	—	—	—	—	—	—	طاعون
Tuberculosis of the respiratory System	344	3	12	13	93	123	تدرن الجهاز التنفسي
All other forms of tuberculosis	38	—	2	5	11	20	تدرن غير ملاذكر
Syphilis	2	—	1	—	—	1	الزهري
Malaria	82	16	14	21	10	21	حمى مرزقية (البرداء)
Other infectious diseases	8	—	2	3	—	3	امراض سارية غير ملاذكر مقتبة وطفيلية
Cancer and other malignant tumours	299	—	2	4	22	271	سرطان والاورام الخبيثة
Non-malignant tumours or tumours of unspecified nature	19	1	—	1	4	13	اورام غير خبيثة او اورام ليس صفة خبيثة غير معينة
Chronic Rheumatism and gout	3	—	—	—	—	3	الرثية المزمنة والنقرس
Diabitis mellitus	34	—	—	2	3	29	التبول السكري
Chronic or acute alcoholism	92	1	2	1	2	86	التسمم القولي (القول) المزمن والحاد
Other general diseases and chronic poisoning	42	13	3	1	3	23	امراض عامة اخرى وتسمم مزمن
Intracranial lesions of vascular origin	229	3	5	3	15	204	اختلاج الحركة المتقدم وشلل عام تزيف دماغي سدادة شريانية او تخثر الدم في الدماغ
Meningitis non-meningococcal	270	5	6	7	15	237	

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عدد الوفيات المسجلة حسب الامراض الرئيسية والاعمار ، ١٩٥٣
NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND AGE, 1953

Table No. 5 (Contd.)

جدول رقم ٥ (تتمة)

TYPE OF DISEASE	المجموع Total	Age (in years) الاعمار بالسنوات					المرض
		٠ - ١ 0 - 1	١ - ٤ 1 - 4	٥ - ١٤ 5 - 14	١٥ - ٣٠ 15 - 30	من ٣٠ وما فوق From 30 and over	
Other diseases of the nervous system and sense organs	50	1	5	3	4	37	امراض اخرى في الجهاز العصبي والحواس
Diseases of the heart	1,658	18	11	50	95	1,484	امراض القلب
Other diseases of the circulatory system.	50	2	1	3	5	34	بقية جهاز الدورة الدموية
Bronchitis	508	283	132	27	11	55	ذات القصبات
Pneumonia & bronchopneumonia	660	327	226	70	34	222	ذات الرئة
Other diseases of the respiratory system other than T.B.	89	14	22	8	5	40	بقية امراض الجهاز التنفسي ماعدا السل
Diarrhea and enteritis	2,696	1,511	782	151	51	211	اسهال والتهاب الامعاء
Appendicitis	16	2	—	1	3	10	التهاب الزائدة الدودية
Diseases of the liver and biliary passages	518	203	38	21	45	211	امراض الكبد والمجاري الصفراوية
Other diseases of the digestive system	101	46	6	5	5	39	بقية امراض الجهاز الهضمي
Nephritis	305	5	18	20	44	218	التهاب الكلية
Other diseases of the urinary and genital system	113	3	4	3	14	89	بقية امراض الجهاز البولي والتناسلي
Puerperal infection	26	1	—	—	15	10	تعفن الدم وحمى النفاس
Other diseases of pregnancy, childbirth and the puerperium	29	1	1	2	16	9	بقية امراض الحمل والولادة والنفاس
Diseases of the skin, cellular tissues, bones and organs of movement.	28	13	8	2	1	15	امراض الجلد والنسيج الخلوي والعظام واعضاء الحركة
Congenital malformations and debility, premature births diseases peculiar to the first year of life.	243	222	2	2	—	6	ضعف ولادي ؛ ولادة قبل الميعاد
Senility	1,003	—	—	—	—	1,003	الشيخوخة
Suicide	19	—	—	3	4	12	انتحار
Homicide	83	1	5	3	34	39	قتل
Accidental deaths	416	19	55	75	132	135	موت قسري بسبب حوادث
Causes of deaths ill-defined, unknown or unspecified	7,408	982	1,075	1,066	1,322	2,971	اسباب موت غير معينة

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

Note : The above figures have been arrived at from the returns submitted to the Ministry of Health by the Medical Officers in charge of the registration of deaths. As Medical Officers are not available at certain remote areas, and at Beddin centres, to register death occurences, there appeared a discrepancy between the figures thus applied and those on record with the Ministry of Interior, based on the Population Registers.

ملاحظة : توصلت وزارة الصحة والاسعاف العام الى ارقام المنشورة اعلاه بعد جمعها من الكشوف الواردة من اطباء الصحة المختصين بتسجيل الوفيات . ولما لم يكن لدى بعض القرى النائية ومراكز البدو الرحل اطباء يسجلون الوفيات التي تحدث في هذه القرى والمراكز اجري هذا النقص في التسجيل الى تباين كبير من مقارنة هذه الارقام بتلك الواردة من وزارة الداخلية والمستندة الى سجلات النفوس .

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عدد الوفيات المسجلة حسب الامراض الرئيسية والاعمار ، ١٩٥٣
NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND AGE, 1953

Table No. 6

جدول رقم ٦

TYPE OF DISEASE	المجموع Total	Age (in years) الاعمار بالسنوات					المرض
		٠ - ١ 0-1	١ - ٤ 1-4	٥ - ١٤ 5-14	١٥ - ٢٩ 15-30	من ٣٠ وما فوق From 30 and over	
Total	16,403	3,829	2,143	1,436	1,598	7,297	الجموع
Typhoid	55	6	15	13	15	7	حمى ايفوئيدية
Typhus fever	1	1	—	—	—	—	حمى نمشية « تيفوس »
Smallpox	2	2	—	—	—	—	جدري
Measles	40	24	14	2	—	—	حصبة
Scarlet fever	2	—	—	1	—	1	حمى قرمزية
Whooping cough	8	5	2	1	—	—	سعال ديكي
Diphteria	26	15	14	3	3	1	دفتري (خناق دفتيريالي)
Influenza	28	12	11	—	—	5	نزلة وافية مختلطة
Plague	10	—	—	1	1	6	طاعون
Tuberculosis of the respiratory System	109	4	9	8	32	56	الدرن الجهاز التنفسي
All other forms of tuberculosis	26	3	3	4	3	13	تدرن بقية مذاكر
Siphlis	4	1	—	—	1	2	الزهري
Malaria	56	21	18	4	3	12	حمى مزقية (البرداء)
Other infectious diseases	13	3	3	—	1	6	امراض سارية غير مذاكر
Cancer and other malignant tumours	336	1	3	13	21	298	سرطان والاورام الخبيثة
Non-malignant tumours or tumours of unspecified nature	20	1	—	1	3	15	اورام غير خبيثة واورام لهـا صفة خبيثة غير معينة
Chronic Rheumatism and gout	2	—	—	—	—	2	الرثية المزمنة والنقرس
Diabitis mellitus	51	—	—	1	3	47	البول السكري
Chronic or acute alcoholism	57	1	4	1	8	43	التسمم الفول/ الفول المزمن والحاد
Other general diseases and chronic poisonings.	142	8	3	3	8	120	امراض عامة اخرى وتسمم مزمن
Intracranial lesions of vascular origin	166	—	1	2	6	157	اختلاج الحركة المتقدم وشلل عام
Meningitis (non-meningococcal)	259	13	3	4	10	229	تزيف دماغي سنادة شريانية او تخثر الدم في الدماغ

HEALTH

عدد الوفيات المسجلة حسب الامراض الرئيسية والاعمار ، ١٩٥٣

NUMBER OF DEATHS REGISTERED BY MAIN DISEASES AND AGE, 1953

164
165

Table No. 6 (Concld.)

جدول رقم ٦ (تتمة)

TYPE OF DISEASE	الجموع Total	Age (in years) (الاعمار بالسنوات)					الرض
		١ - ٠ 0-1	٤ - ١ 1-4	١٤ - ٥ 5-14	٣٠ - ١٥ 15-30	من ٣٠ وما فوق Form 30 and over	
Other diseases of the nervous system and sense organs	51	7	5	3	15	21	راض اخرى في الجهاز العصبي والحواس
Diseases of the heart	1,824	27	17	41	123	1,626	راض القلب
Other diseases of the circulatory system.	28	2	1	—	3	22	ية لامراض جهاز الدورة الدموية
Bronchitis	615	295	146	26	9	49	ات الشعبات
Pneumonia & bronchopneumonia	1,107	451	262	86	51	256	ات الرئة
Other diseases of the respiratory system other than tuberculosis	140	17	12	6	8	97	ية لامراض الجهاز التنفسي ماعدا السل
Diarrhea and enteritis	2,727	1,782	687	83	39	136	سهال والتهاب الامعاء
Appendicitis	52	5	2	9	16	120	التهاب الزائدة الدودية
Diseases of the liver and biliary passages	220	5	5	20	31	159	راض الكبد والمجاري الصفراوية
Other diseases of the digestive system	160	22	17	10	26	85	ية لامراض الجهاز الهضمي
Nephritis	302	15	22	14	24	227	التهاب الكلية
Other diseases of the urinary and genetal system	60	—	—	3	5	52	ية لامراض الجهاز البولي والتناسلي
Puerperal infection	38	1	1	5	18	13	عفن الدم وحمى النفاس
Other diseases of pregnancy, childbirth and the puerperium	41	1	—	1	12	27	ية لامراض الحمل والولادة والنفاس
Diseases of skin, cellular tissues, bones andorgan of movement	18	2	8	2	1	5	راض الجلد والنسيج الخيري والعظام والاعضاء الحركة
Congenital malformations and debility, premature births and diseases peculiar to the first year of life.	325	325	—	—	—	—	عف ولادي ؛ ولادة قبل الميعاد
Senility	904	—	—	—	—	904	شيخوخة
Suicide	23	1	—	3	6	13	نتحار
Homicide	103	2	9	17	33	42	تل
Accidental deaths	342	6	32	84	82	118	ات قسري بسبب حوادث
Causes of deaths ill-defined, unknown or unspecified	5,837	782	796	961	967	2,331	سباب موت غير معينة

Source : Ministry of Health

المصدر : وزارة الصحة والاسعاف العام

Nota : The above figures have been arrived at from the returns submitted to the Ministry of Health by the Medical Officers in charge of the registration of deaths. As Medical Officers are not available at certain remote areas, and at bedwin centres, to register death occurences, there appeared a discrepancy between the figures thus supplied and those on record with the Ministry of Interior, based on the Population Registers.

ملاحظة : توصلت وزارة الصحة والاسعاف العام الى رقام المنشورة اعلاه بعد جمعها من الكشوف الواردة من اطباء حة المختصين بتسجيل الوفيات . ولما لم يكن لدى بعض رى النائية ومراكز البدو الرحل اطباء يسجلون الوفيات التي ت في هذه القرى والمراكز ادى هذا النقص في التسجيل ، تباين ظهر من مقارنة هذه الارقام بتلك الواردة من وزارة خلية والمستندة الى سجلات النفوس .

المرضى المعالجون في المستوصفات الصحية حسب الامراض والمحافظات ١٩٥١

PATIENTS ATTENDED TO AT CLINICAL CENTRES BY MOHAFAZAT AND DISEASES, 1951.

Table No. 7

جدول رقم ٧

MOHAFAZAT	مجموع المرضى Total No. of patients	Diseases الامراض												
		العين Eyes	القلب والصدر Heart and lungs	الهضم والمعاء Digestive system	العصبي Nervous system	البولية التناسلية Urinary and genital	الجلدية Skin	الحمراوية Syphilis	الافرنجية Malaria	الرمد Malaria	الدرن Tuberculosis	الجذام Leprosis	الباقي Others	المحافظات
All Mohafazat	752,462	87,384	110,709	117,396	55,049	36,055	66,229	67,129	8,695	113,196	10,903	5,395	51,836	مجموع المحافظات
Damascus	267,476	33,502	46,241	51,369	30,981	13,791	28,534	34,016	1,181	30,616	3,179	1,304	2,813	دمشق
Homs	109,696	10,305	10,745	5,615	5,306	1,552	7,284	9,054	491	14,135	2,149	867	37,443	حمص
Hama	30,137	1,942	5,180	6,344	3,781	2,149	1,881	3,194	915	5,347	139	69	375	حماة
Latakia	103,964	7,007	9,962	13,462	7,301	1,383	10,822	5,419	523	19,364	369	287	27,445	اللاذقية
Aleppo	136,386	21,016	22,791	20,710	5,077	4,025	10,005	6,407	4,531	23,033	3,184	1,891	9,366	حلب
Al-Hassakah	15,443	1,795	2,037	1,852	1,330	676	1,522	1,891	127	3,704	56	4	849	الحسكة
Deir-es-Zor	15,370	2,305	1,822	1,852	675	330	1,017	1,337	614	2,035	210	72	750	دير الزور
Suwida	29,819	3,006	4,588	6,066	4,666	663	2,592	1,126	156	3,966	80	737	1,892	السويداء
Dir'a	44,026	6,376	6,124	7,146	2,331	1,036	4,073	5,275	148	5,771	636	264	1,666	درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الصحة والاسعاف العام

1643

المرضى المعالجون في المستوصفات الطبية حسب الأمراض والمحافظات ١٩٥٢
PATIENTS ATTENDED TO AT CLINICAL CENTRES, BY MOHAFAZAT AND DISEASES, 1952.

Table No. 8.

جدول رقم ٨

All Mohafazat	المجموع العام Total of Patients	Diseases الأمراض													
		الجلدية Dermal	القلبية والشرايين Heart and Vessels	الهضمية والمعائية Digestive system	العصبية Nervous system	البولية التناسلية Urinary and genital	الجلدية Skin	الدرنية Tuberculosis	الزهرية Malaria	الانكيلوستوما Ankylostoma	البرنطية Bilharzia	الرمدية Trachoma	الثأرية Influenza	الثأرية Pneumonia	المحافظات
Total	697,420	70,881	105,394	117,341	60,839	36,949	64,307	60,925	6,019	86,796	6,518	8,901	85,765		مجموع المحافظات
Damascus	238,221	34,850	43,896	58,758	25,880	13,474	25,989	36,703	220	22,048	1,950	1,274	2,208		دمشق
Homs	78,778	7,726	9,771	6,856	4,743	1,397	5,861	9,234	304	13,069	6	47	10,703		حمص
Hama	54,021	3,743	6,856	10,396	4,630	2,397	3,043	2,214	530	8,170	47	9	827		حماة
Latakia	128,776	7,879	14,396	10,043	6,830	3,471	13,227	6,212	760	22,066	472	501	25,622		اللاذقية
Aleppo	109,022	8,969	13,856	16,011	8,797	8,158	7,688	8,978	3,375	17,709	3,417	1,269	2,81 0		حلب
Al-Hasakah	2,691	184	312	416	189	67	179	186	4	790	2	22	426		الحسكة
Deir-ez-Zor	18,786	2,258	1,736	1,778	894	478	1,468	2,185	544	3,262	497	88	1,151		دير الزور
Suwida	22,594	4,889	3,297	4,798	2,697	843	2,043	1,239	69	1,913	115	141	770		السويداء
Dir'a	54,658	5,989	7,264	9,429	4,823	1,011	4,699	6,033	125	10,661	111	213	1,224		درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

17: Syria C-5 (1961) 1954 MD1 Syria MD1

المرضى المعالجون في المستوصفات الصحية حسب الأمراض والمحافظات ١٩٥٣

PATIENTS ATTENDED TO AT CLINICAL CENTRES, BY MOHAFAZAT AND DISEASES, 1953.

Table No. 9

جدول رقم ٩

Mohafazat	مجموع المرضى Total of Patients	Diseases												الأمراض	المحافظات
		العين Optical	القلب والدورة الدموية Blood and heart	الهضمية والقناة Digestive system	العصبية Nervous system	البولية التناسلية Urinary and genital	الجلدية Skin	الروماتيزم Rheumatism	الأمراض الزهرية Syphilis	الأمراض الرئوية Malaria	الدرنية Tuberculosis	الجذارية Infectious	الصدرية Consumption		
All Mohafazat	694,534	67,201	109,070	122,717	54,979	25,031	54,953	91,939	2,730	58,958	8,185	7,126	63,595	مجموع المحافظات	
Damascus	262,004	27,039	49,964	51,167	20,219	13,673	21,434	58,114	263	21,189	2,839	3,075	3,447	دمشق	
Homs	81,427	7,310	10,681	7,487	5,717	1,895	5,127	7,396	54	13,513	7	214	22,338	حمص	
Hama	43,211	1,826	5,772	11,976	5,469	2,694	2,719	2,039	893	3,629	38	212	3,102	حماة	
Latakia	94,283	5,945	13,786	13,148	7,219	3,423	5,470	4,439	90	16,296	892	188	22,349	اللاذقية	
Aleppo	105,703	7,221	18,259	20,035	8,201	4,910	7,195	8,980	1,183	16,219	3,974	2,196	6,330	حلب	
Al-Hasakah	11,035	849	1,896	2,300	714	125	747	673	3	2,474	2	72	1,495	الحسكة	
Deir-ez-Zor	22,300	4,081	2,980	3,226	771	877	2,334	2,159	497	2,494	614	201	302	دير الزور	
Suwaida	15,132	2,440	2,293	2,997	1,437	670	1,677	251	1	885	17	15	1,877	السويداء	
Der'a	57,842	10,550	3,734	3,506	4,941	823	5,255	6,456	24	8,113	321	197	1,726	درعا	

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

صحة والاسعاف العام
1963
1962

المرضى المعالجون في المستوصفات الصحية حسب المحافظات والجنس ١٩٥١
PATIENTS ATTENDED TO AT CLINICAL CENTRES BY MOHAFAZAT AND SEX, 1951

Table No. 10 — جدول رقم ١٠

Mohafazat	مجموع عدد المرضى Total number of patients	رجال Men	نساء Women	أطفال Children	المحافظات
All Mohafazat	752,452	204,879	287,095	260,554	مجموع المحافظات
Damascus	267,476	65,302	93,460	108,814	دمشق
Homs	109,088	31,760	36,900	41,117	حمص
Hama	30,187	6,580	11,068	12,540	حماة
Latakia	103,964	30,556	32,130	41,314	اللاذقية
Aleppo	136,300	34,441	52,555	49,104	حلب
Al-Hasakah	15,443	4,913	5,610	5,920	الحسكة
Deir-ez-Zor	15,370	4,988	5,371	5,013	دير الزور
Sweida	29,910	9,747	6,640	13,523	السويداء
Dir'a	44,928	17,676	12,723	13,609	درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

المرضى المالجون في المستوصفات الصحية حسب المحافظات والجنس ١٩٥٣
PATIENTS ATTENDED TO AT CLINICAL CENTERS BY MOHAFAZAT AND SEX, 1953

Table No. 11

جدول رقم ١١

MOHAFAZAT	مجموع عدد المرضى Total number of patients	رجال Men	نساء Women	اطفال Children	المحافظات
All Mohafazat	687,429	185,769	255,506	285,563	مجموع المحافظات
Damascus	259,225	61,323	88,855	109,047	دمشق
Homs	78,770	23,961	27,637	27,172	حمص
Hama	34,631	7,616	15,145	11,870	حماة
Latakia	119,770	30,974	30,314	44,482	اللاذقية
Aleppo	100,033	27,338	37,223	35,434	حلب
Al-Hasakah	2,697	899	940	858	الحسكة
Deir-ez-Zor	15,740	4,332	4,089	7,309	دير الزور
Sweida	22,504	7,435	6,111	8,958	السويداء
Dir'a	54,059	15,903	17,592	20,564	درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الصحة والاسعاف العام
1943
1944

HEALTH

المرضى المعالجون في المستوصفات الصحية حسب المحافظات والجنس ١٩٥٣
PATIENTS ATTENDED TO AT CLINICAL CENTRES BY MOHAFAZAT AND SEX, 1953

Table No. 13

جدول رقم ١٣

MOHAFAZAT	مجموع عدد المرضى Total number of patients	رجال Men	نساء Women	اطفال Children	المحافظات
All Mohafizat	694,034	135,454	325,890	232,690	مجموع المحافظات
Damascus	232,964	68,722	85,089	119,513	دمشق
Homs	81,427	24,590	29,969	27,868	حمص
Hama	48,311	9,605	13,351	15,354	حماة
Latakia	94,529	24,543	29,229	40,717	اللاذقية
Aleppo	105,703	29,334	42,422	34,947	حلب
Al-Hasakah	11,035	3,980	3,973	4,082	الحسكة
Deir-ez-Zor	22,536	5,237	6,325	10,974	دير الزور
Suwaida	15,132	5,542	6,790	2,780	السويداء
Dir'a	87,842	17,509	12,648	21,685	درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

حركة المرضى المالجين في المستشفيات الحكومية حسب الأمراض ١٩٥١

PATIENTS ATTENDED TO AT GOVERNMENT HOSPITALS BY TYPE OF DISEASE, 1951

Table No. 13 — جدول رقم ١٣

Name of Hospital	Mohafazat	Total No. of patients (1) — فروع عدد المرضى (١)	DISEASES — الأمراض					
			Ordinary (2) — قابلة (٢)	Maternity — الولادة	Surgical — الجراحية	Skin and venereal — الزهرية والجلدية	Mental and Nervous — العقلية والعصبية	
Total	—	31,578	12,211	2,198	15,732	843	594	—
Watani Hospital	Damascus	12,691	3,421	396	8,770	182	—	دمشق
Ibn Zahr Hospital	»	288	—	—	—	288	—	»
Ibn Sina Hospital	»	490	—	—	—	—	490	»
Ibn Nafis Sanatorium	»	183	—	183	—	—	—	»
The Surgical Hospital	»	581	—	—	581	—	—	»
Ibn-al-Walid Sanatorium	»	165	—	165	—	—	—	»
Infectious diseases hospital	»	213	—	213	—	—	—	»
Dir'a Hospital	Dir'a	1,372	827	107	408	—	—	درعا
Suweida Hospital	Suweida	901	426	116	358	1	—	السويداء
Homs Hospital	Homs	2,362	1,333	151	877	1	—	حمص
Latakia Hospital	Latakia	3,078	1,446	341	1,271	20	—	اللاذقية
Tartus Hospital	»	1,821	1,337	213	254	17	—	طرطوس
Hama Hospital	Hama	1,021	363	4	654	—	—	حماة
Watani Hospital (4)	Aleppo	2,537	2,509	10	—	—	18	حلب
Siphilis Hospital	»	311	—	—	—	311	—	»
Ar-Razi Hospital (3)	»	2,119	20	—	2,099	—	—	»
Ibn Rushd Hospital	»	233	—	233	—	—	—	»
Al-Hamiyat Hospital	»	230	—	144	—	—	86	»
Al-Bab Hospital	»	65	60	—	5	—	—	»
Deir-ez-Zor Hospital	Deir-ez-Zor	810	247	—	228	35	—	دير الزور
Al Hasak... Hospital	Al-Hasakeh	420	280	20	120	—	—	الحسكة

Source : Ministry of Health.

1) Including patients of the previous year.
2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.
3) Including the surgical section.
4) Including optical cases at the Watani Hospital.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى الباقين من السنة الماضية
(٢) بما في ذلك فروع المستشفى الثلاثة : الامراض العينية ، السجاليب والامراض الحلق والاذن والانف
(٣) بما في ذلك فرع الجراحة
(٤) وتشمل الامراض العينية في المستشفى الوطني

وزارة الصحة والاسعاف العام

7443
1954
UNCLASSIFIED
17: Syria C-5 (1953) 1954 —6— MD1 Syria MD1

حركة المرضى في المستشفيات الحكومية حسب الامراض ١٩٥٢

PATIENTS ATTENDED TO AT GOVERNMENT HOSPITALS BY TYPES OF DISEASES, 1952

Table No. 14

جدول رقم ١٤

Name of Hospital	Mohafazat	Total No. of patients (1)	DISEASES					المحافظات	المستشفيات
			Ordinary (2)	Infectious	Surgical	Syphilis and Skin	Nervous and Mental		
Total		31,474	12,696	3,107	14,250	1,971	972	—	المجموع
Watani Hospital	Damascus	12,773	3,907	315	8,256	269	—	دمشق	المستشفى الوطني
Ibn Sahr Hospital	"	264	—	—	—	264	—	"	مستشفى ابن زهر
Ibn Sina Hospital	"	972	—	—	—	—	972	"	مستشفى ابن سينا
Infectious diseases hospital	"	517	—	517	—	—	—	"	مستشفى الامراض السارية (المعبر الصحي)
Ibn Nafis Sanatori.	"	403	—	403	—	—	—	"	مصح ابن النفيس
The Surgical Hospital	"	269	97	—	153	—	—	"	المستشفى الجراحي
Ibn-al-Walid Sanatorium	"	158	—	158	—	—	—	"	مصح ابن الوليد
Dir's. Hospital	Dir's	1,083	501	323	209	—	—	درعا	مستشفى درعا
Suwida Hospital	Suwida	536	259	71	195	3	—	السويداء	" السويداء
Homs Hospital	Homs	2,170	960	196	994	—	—	حمص	" " حمص
Latakia Hospital	Latakia	2,744	1,335	219	1,160	30	—	اللاذقية	" " اللاذقية
Tartus Hospital	"	1,488	1,275	97	113	3	—	طرطوس	" " طرطوس
Hama Hospital	Hama	1,190	499	38	653	—	—	حماة	" " حماة
Watani Hospital (3)	Aleppo	3,291	3,291	—	—	—	—	حلب	المستشفى الوطني (٣)
Al-Hamiyat Hospital for Infect. diseases	"	417	—	417	—	—	—	"	مستشفى الحميات للامراض السارية
Siphilis Hospital	"	469	—	—	—	469	—	"	مستشفى الزهري
Ar-Razi Hospital (3)	"	2,059	—	—	2,059	—	—	"	" الرازي (٣)
Ibn Rushd Hospital	"	394	—	394	—	—	—	"	" ابن رشد
Al-Bab Hospital	"	43	37	—	6	—	—	"	قضاء الباب
Deir-ez-Zor Hospital	Deir-ez-Zor	502	376	1	126	39	—	دير الزور	" دير الزور
Al Hasakah Hospital	Al-Hasakah	459	452	8	146	14	—	الحسكة	" الحسكة

Source : Ministry of Health.

1) Including patients of the previous year.

2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

3) Including the surgical section.

4) Including optical cases at the Watani Hospital.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى الباقين من السنة الماضية

(٢) بما في ذلك فروع المستشفى الثلاثة : الامراض العينية ، المجاليب والامراض العقلي والاذن والانف

(٣) بما في ذلك فرع الجراحة

(٤) وتشمل الامراض العينية في المستشفى الوطني

حركة المرضى في المستشفيات الحكومية حسب الامراض ١٩٥٢

PATIENTS ATTENDED TO AT GOVERNMENT HOSPITALS BY TYPE OF DISEASE, 1952

Table No. 15

جدول رقم ١٥

Name of Hospital	Mohafazat	Total No. of patients (1)	DISEASES					المستشفيات	المحافظات	المجموع
			Ordinary (2)	Infectious	Surgical	Optical and Skin	Mental and Nervous			
Total	—	32,049	11,926	3,410	14,907	1,213	731	المجموع	—	
Watani Hospital	Damascus	13,190	3,260	170	8,408	350	—	المستشفى الوطني	دمشق	
Ibn Zahr Hospital	»	350	—	—	—	350	—	مستشفى ابن زهر	»	
Ibn Sina Hospital	»	615	—	—	—	—	615	مستشفى ابن سينا	»	
Infectious diseases hospital	»									
Ibn Nafis Sanatorium	»	506	—	506	—	—	—	مستشفى الامراض السارية	»	
The Surgical Hospital	»	289	—	289	—	—	—	مصح ابن النفيس	»	
Ibn-al-Walid Sanatorium	»	190	39	—	151	—	—	المستشفى الجراحي	»	
Dir'a Hospital	Dir'a	190	—	190	—	—	—	مصح ابن الوليد	»	
Sweida Hospital	Sweida	1,514	951	208	606	—	—	مستشفى درعا	درعا	
Homs Hospital	Homs	625	281	56	290	—	—		السويداء	
Latakia Hospital	Latakia	2,342	1,230	300	673	—	—		حمص	
Tartus Hospital	»	1,197	1,096	263	1,205	23	—		اللاذقية	
Hama Hospital	»	1,340	1,052	41	115	2	—		طرطوس	
Watani Hospital (2)	Hama	1,221	474	31	716	—	—		حماة	
Al-Hamiyat Hospital	Aleppo	1,752	1,719	7	27	—	—	المستشفى الوطني (3)	حلب	
Siphilis Hospital	»	930	55	875	—	—	—	مستشفى العميات	»	
Ar-Razi Hospital (3)	»	607	—	—	—	607	—	مستشفى الزهري	»	
Ibn Rushd Hospital	»	2,175	14	—	2,161	—	—	مستشفى الرازي (3)	»	
Al-Dweirina Hospital	»	373	—	373	—	—	—	ابن رشد	»	
Al-Bab Hospital	»	116	—	—	—	—	116	الدويرينا	»	
Deir-ez-Zor Hospital	Deir-ez-Zor	1	1	—	—	—	—	قباء الباب	»	
Al Hasakeh Hospital	Al-Hasakeh	634	369	—	226	39	—	دير الزور	دير الزور	
		662	485	10	161	3	—	الحسكة	»	

Source : Ministry of Health.

1) Including patients of the previous year.

2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

3) Including the surgical section.

4) Including optical cases at the Watani Hospital.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى الباقين من السنة الماضية

(٢) بما في ذلك فروع المستشفى الثلاثة : للامراض العينية ، والمجاذيب ، ولامراض الحلق والاذن والانف

(٣) بما في ذلك فرع الجراحة

(٤) وتشمل امراض العينية في المستشفى الوطني

1943
1644

17: Syria G-5 (1953) 1954 MDI Syria MDI 1953 ●

حركة المرضى في المستشفيات الحكومية ١٩٥١

PATIENTS AT GOVERNMENTS HOSPITALS 1951

Table No. 16

جدول رقم ١٦

Name of Hospital	Mohafazat	مجموع عدد الأسرة Number of beds	مجموع عدد المرضى (١) Number of patients (1)	المرضى الخارجون Outgoing Patients: شفاء Cured	المرضى الخارجون Outgoing Patients: وفاة Deceased	المرضى الباقون لنهاية السنة Patients remaining end year	عدد أيام المكث No. of day in hospital	المحافظات	المستشفيات
Total		1,980	31,978	28,006	1,112	1,488	555,064		المجموع
Watani Hospital	Damascus	435	12,081	11,730	574	327	143,606	دمشق	المستشفى الوطني
Ibn Zahr Hospital	«	75	306	296	—	10	2,796	»	مستشفى ابن زهر
Ibn Sina Hospital	«	250	490	157	19	314	104,127	»	مستشفى ابن سينا
Infectious diseases hospital	«	50	213	196	6	9	2,986	»	مستشفى الأمراض السارية
Ibn Nafis Sanatorium	«	65	183	61	9	113	33,832	»	مصح ابن النفيس
The Surgical Hospital	«	80	521	506	1	14	5,001	»	المستشفى الجراحي
Ibn-al-Walid Sanatorium	«	75	165	94	2	69	25,734	»	مصح ابن الوليد الجلاء
Dir'a Hospital	Dir'a	50	1,372	1,291	43	39	16,825	درعا	مستشفى درعا
Suweida Hospital	Suweida	50	901	860	26	15	10,413	السويداء	» السويداء
Homs Hospital	Homs	75	2,363	2,237	59	66	23,850	حمص	» حمص
Latakia Hospital	Latakia	150	3,078	2,890	110	78	33,085	اللاذقية	» اللاذقية
Tartus Hospital	«	40	1,821	1,778	24	19	11,968	»	» طرطوس
Hama Hospital	Hama	50	1,021	949	37	35	23,415	حماة	» حماة
Watani Hospital (2)	Aleppo	150	2,537	2,407	48	84	31,180	حلب	المستشفى الوطني (٢)
Al-Hamiyat Hospital	«	40	220	196	13	10	5,472	»	مستشفى الحميات
Siphlis Hospital	«	40	311	309	—	2	2,310	»	مستشفى الزهري
Ar-Razi Hospital (3)	«	100	2,119	1,970	107	42	20,906	»	» الرازي (٣)
Ibn Rushd Hospital	«	40	233	116	13	99	26,377	»	» ابن رشد
Al-Bab Hospital	«	10	65	65	—	—	1,094	»	» الباب
Deir-ez-Zor Hospital	Deir-ez-Zor	50	510	493	7	10	8,823	دير الزور	» دير الزور
Al Hasakeh Hospital	Al-Hasakeh	25	429	413	12	4	3,560	الحسكة	» الحسكة

Source : Ministry of Health.

1) Including patients of the previous year.

2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

3) Including the surgical section.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى المتبقين من السنة الماضية

(٢) بما في ذلك فروع المستشفى الثلاثة : الامراض العينية ، العصابية والامراض الحلق والاذن والانف

(٣) بما في ذلك فرع الجراحة

حركة المرضى في المستشفيات الحكومية ١٩٥٢
PATIENTS AT GOVERNMENT HOSPITALS 1952

Table No. 17 — جدول رقم ١٧

Name of Hospital — المستشفيات	Mohafaza — المحافظات	مجموع عدد الأسرة: Number of beds	مجموع عدد المرضى (١): Number of patients (1)	المرضى الخارجون Outgoing Patients: عدد Cured	المرضى الخارجون Outgoing Patients: وفاة Deceased	المرضى الباقون في نهاية السنة: Patients remaining end year	عدد أيام المكث: No. of days in hospital
Total — **المجموع**	—	2,490	33,674	28,812	1,356	1,496	580,220
Watani Hospital — المستشفى الوطني	Damascus — دمشق	488	13,778	11,780	641	347	171,537
Ibn Sakr Hospital — مستشفى ابن زهر	"	25	264	260	—	4	2,943
Ibn Sina Hospital — ابن سينا	"	220	572	192	28	257	120,923
Infectious diseases — مستشفى الأمراض السارية							
Ibn Nafis Sanatorium hospital — (المصح الصحي)	"	50	517	456	14	17	7,648
The Surgical Hospital — مصح ابن النفيس	"	200	403	326	19	128	38,254
Beit-al-Walid Sanatorium — المستشفى الجراحي	"	100	250	242	—	—	3,654
Dir'a Hospital — مصح ابن الوليد الجذامي	Dir'a — درعا	100	1,503	1,373	85	101	89,087
Suwaida Hospital — مستشفى درعا	Suwaida — السويداء	50	326	297	12	17	6,369
Homs Hospital — "	Homs — حمص	100	2,170	2,037	70	63	21,358
Latakia Hospital — "	Latakia — اللاذقية	100	2,744	2,549	109	86	30,811
Tartus Hospital — "	" — طرطوس	80	1,488	1,439	11	23	10,176
Hama Hospital — "	Hama — حماة	80	1,190	1,130	32	28	14,816
Watani Hospital (2) — المستشفى الوطني (٢)	Aleppo — حلب	120	2,281	2,186	74	81	26,315
Al-Hamiyat Hospital for infect. diseases — مستشفى الحميات والأمراض السارية	"	40	417	382	12	23	8,581
Biblia Hospital — مستشفى الزهراوي	"	20	459	456	—	3	2,736
Ar-Razi Hospital — مستشفى الرازي	"	160	2,090	1,969	97	44	29,977
Ibn Rashid Hospital — " ابن رشد	"	120	334	292	17	85	31,934
Al-Bab Hospital — " قلعة الباب	"	10	43	43	—	—	940
Deir-ez-Zor Hospital — " دير الزور	Deir-ez-Zor — دير الزور	80	582	556	9	17	8,108
Al Hasakeh Hospital — " الحسكة	Al-Hasakeh — الحسكة	40	620	601	9	10	3,589

Source : Ministry of Health.
1) Including patients of the previous year.
3) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

المصدر : وزارة الصحة والاسعاف العام
(١) بما في ذلك المرضى الباقين من السنة الماضية
(٢) بما في ذلك فروع المستشفى الثلاثة : الأمراض العينية ، السيلان والأمراض الحلق والأذن والأنف

قسمة بالصفحة القادم

حركة المرضى في المستشفيات الحكومية ١٩٥٣

PATIENTS AT GOVERNMENT HOSPITALS 1953

Table No. 18

جدول رقم ١٨

Name of Hospital	Mohafazat	Number of beds	Number of patients (1)	Ongoing Patients: Cured	Ongoing Patients: Deceased	Patients remaining next year	No. of days in hospital	المحافظات	المستشفيات
Total	—	2,800	33,000	29,188	1,342	1,639	613,475	—	المجموع
Watani Hospital	Damascus	435	12,190	11,202	632	356	154,199	دمشق	المستشفى الوطني
Ibn Zahr Hospital	»	25	289	282	—	7	2,821	»	مستشفى ابن زهر
Ibn Sina Hospital	»	350	615	240	24	351	127,312	»	مستشفى ابن سينا
Infectious diseases hospital	»	50	596	476	24	6	5,536	»	مستشفى الامراض السارية
Ibn Nafis Sanatorium	»	200	389	196	18	175	88,810	»	مصح ابن النفيس
The Surgical Hospital	»	200	190	165	1	24	3,130	»	المستشفى الجراحي
Ibn-al-Walid Sanatorium	»	120	190	76	3	111	37,246	»	مصح ابن الوليد «الجذام»
Dir'a Hospital	Dir'a	100	1,814	1,726		30	13,702	درعا	مستشفى درعا
Suwida Hospital	Suwida	80	626	573	15	37	8,806	السويداء	» السويداء
Homs Hospital	Homs	100	2,382	2,235	81	56	22,000	حمص	» حمص
Latakia Hospital	Latakia	100	3,187	2,960	116	81	33,306	اللاذقية	» اللاذقية
Tartus Hospital	»	60	1,240	1,186	21	26	8,463	»	» طرطوس
Hama Hospital	Hama	80	1,221	1,150	43	28	16,377	حماة	» حماة
Watani Hospital (2)	Aleppo	120	1,753	1,606	62	85	21,300	حلب	المستشفى الوطني (٢)
Al-Hamlyat Hospital	»	40	920	906	16	6	11,838	»	» العمليات
Siphilis Hospital	»	30	607	601	—	6	3,445	»	مستشفى الزهري
Ar-Razi Hospital (3)	»	100	2,175	2,022	100	53	19,974	»	مستشفى الرازي (٣)
Ibn Rushd Hospital	»	120	373	288	9	106	39,033	»	» ابن رشد
Al-Dweirina Hospital	»	100	116	42	7	67	12,880	»	» الدويرينا
Al-Bab Hospital	»	10	1	1	—	—	8	»	» قسطل الباب
Deir-es-Zor Hospital	Deir-es-Zor	80	634	606	9	19	8,182	دير الزور	» دير الزور
Al-Hasakah Hospital	Al-Hasakah	40	662	639	14	9	4,029	الحسكة	» الحسكة

Source : Ministry of Health.

1) Including patients of the previous year.

2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

3) Including the surgical section.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى الباقين من السنة الماضية

(٢) بما في ذلك فروع المستشفى الثلاثة : العيون ، والعقليه ، والامراض الحلق والانف والاذن

(٣) بما في ذلك فرع الجراحة

الامراض السارية التي ظهر منها حسب الشهور ١٩٥١

INFECTIOUS DISEASES REPORTED BY MONTHS, 1951

Table No. 19

جدول رقم ١٩

TYPES OF DISEASE	المجموع Total	Months of 1951 شهور سنة ١٩٥١												الامراض
		كانون ٢ Jan.	شباط Feb.	آذار Mar.	نيسان April	أيار May	حزيران June	تموز July	آب Aug.	أيلول Sept.	تشرين ١ Oct.	تشرين ٢ Nov.	كانون ١ Dec.	
Total	2359	318	282	138	268	177	98	135	134	165	200	194	80	المجموع
Smallpox	2	—	—	—	—	1	—	—	1	—	—	—	—	جدري
Varicella (water-pox)	148	83	10	11	20	13	11	3	1	4	1	—	8	جدري مائي (حمال)
Typhus	2	—	—	1	—	—	—	—	—	—	—	—	1	تيفوس
Recurrent fever	—	—	—	—	—	—	—	—	—	—	—	—	—	حمى راجعة
Measles	334	204	109	67	145	34	24	61	16	—	20	3	—	حصبة
Scarlet fever	3	—	—	—	—	—	—	1	—	1	—	—	—	حمى قرمزية
Diphteria	100	7	3	6	3	5	1	1	2	7	21	39	16	خناق دفتريائي
Whooping cough	369	19	23	12	50	82	42	*33	26	11	34	17	4	سعال ديكي
Parotitis	157	32	31	8	10	7	7	6	11	4	*16	14	11	ابو كعب (كاف)
Erysipelas	22	—	—	1	2	6	—	—	3	3	3	*4	1	حمرة
Typhoid fever	640	99	15	21	23	24	11	27	63	74	105	125	53	تيفوئيد واشباهها
Lethargic encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	—	التهاب الدماغ النومي
Cerebro-spinal Meningitis	15	3	—	3	—	3	2	—	3	1	—	1	—	التهاب السحايا الدماغ الشوكي
Bahaeism	—	—	—	—	—	—	—	—	—	—	—	—	—	الرملة والحمة متشابهة
Dysentery	3	—	1	—	—	1	—	1	—	—	—	—	—	دزنطاريا (زحار معوي)
Puerperal fever	2	—	—	—	—	1	—	—	—	—	—	—	—	حمى نفاسية
Leprosy	1	—	—	—	1	—	—	—	—	—	—	1	—	جذام
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	طاعون
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	هواء اصفر (الهيضة)
Anthrax	1	—	—	—	—	—	—	—	—	—	—	*1	—	جمرة

Source : Ministry of Health.

* Corrected figures

المصدر : وزارة الصحة والاسعاف العام

● (ارقام معدلة)

UN: Syria C-5 (1954) 1954 MDI Syria MDI
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صحة والاسعاف العام

الامراض السارية التي بلغ عنها حسب الشهور ١٩٥٢

INFECTIOUS DISEASES REPORTED BY MONTHS, 1952

جدول رقم ٢٠ — Table No. 20

TYPE OF DISEASE	المجموع Total	Months of 1952 — شهور سنة ١٩٥٢												الامراض
		كانون٢ Jan.	شباط Feb.	آذار Mar.	نيسان April	ايار May	حزيران June	تموز July	آب Aug.	ايلول Sept.	تشرين١ Oct.	تشرين٢ Nov.	كانون١ Dec.	
Total	2,006	185	204	182	262	218	110	184	114	82	78	87	200	المجموع
Smallpox	2	—	—	—	—	—	—	—	—	—	2	—	—	جدري
Varicella (swine-pox)	146	8	6	27	40	17	19	10	4	6	—	1	9	جدري مائي (جداق)
Typhus	1	1	—	—	—	—	—	—	—	—	—	—	—	تيفوس (حمى نمشية)
Recurrent fever	2	—	—	—	—	—	—	—	—	1	1	—	—	حمى راجعة
Measles	87	20	—	2	3	2	7	4	6	4	1	3	15	حصبة
Scarlet fever	2	—	—	—	1	—	—	—	—	—	—	—	1	حمى قرمزية
Diphteria	130	14	14	10	6	5	—	10	6	14	23	9	17	خناق دفتيريائي
Whooping cough	604	13	70	35	123	77	45	51	36	12	8	3	8	سعال ديكي
Parotitis	274	36	15	27	37	30	7	17	12	7	—	6	20	ابو كعب (كاف)
Erysipelas	5	—	—	3	—	—	—	—	—	1	1	—	—	حمرة
Typhoid fever	770	66	65	65	80	67	32	87	49	37	43	36	120	تيفوئيد والتهابها
Lethargic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	التهاب الدماغ النومي
Cerebro-spinal Meningitis	20	3	1	5	3	3	—	3	1	3	—	—	—	التهاب السحايا الدماغي الشوكي
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	نزلة واقدة مختلطة
Dysentery	75	—	—	5	26	15	—	—	—	—	—	—	—	زلنطرية (زحار مصوي)
Puerperal fever	1	—	—	—	1	—	—	—	—	—	—	—	—	حمى نفاسية
Leprosy	6	—	—	1	1	—	—	3	—	—	3	—	—	جذام
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	طاعون
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	هواء اصفر (الهيضة)

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الأمراض السارية التي صرح عنها خلال شهور ١٩٥٣

INFECTIOUS DISEASES REPORTED BY MONTHS, 1953

Table No. 21

جدول رقم ٢١

TYPE OF DISEASE	المجموع Total	Months of 1953 شهور سنة ١٩٥٣												الأمراض
		كانون ٢ Jan.	شباط Feb.	اذار Mar.	نيسان April	ايار May	حزيران June	تموز July	آب Aug.	ايلول Sept.	تشرين ١ Oct.	تشرين ٢ Nov.	كانون ١ Dec.	
Total	2,737	193	275	285	366	168	216	230	73	186	166	300	253	المجموع
Smallpox	3	—	—	—	—	3	—	—	—	—	—	—	—	جدري
Varicella (water-pox)	100	4	12	3	18	16	13	11	1	5	3	7	7	جدري مائي
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	تيفوس
Recurrent fever	6	1	—	—	—	—	—	—	—	1	2	1	—	حمى راجعة
Measles	781	27	80	97	113	78	127	77	34	89	30	35	44	حصبة
Scarlet fever	1	—	—	—	—	—	—	1	—	—	—	—	—	حمى قرمزية
Diphteria	188	18	18	22	8	5	10	4	4	17	24	35	23	خناق
Whooping cough	319	53	2	16	7	21	8	58	6	5	—	54	89	سعال ديكي
Parotitis	411	53	92	56	61	11	7	7	4	7	5	55	53	ابو كعب
Erysipelas	3	—	—	—	—	—	2	—	—	—	—	1	—	حمرة
Typhoid fever	904	36	70	58	152	34	47	78	24	101	108	120	46	تيفوئيد
Lethargic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	التهاب الدماغ النومي
Cerebro-spinal Meningitis	11	1	1	3	3	—	2	—	—	—	—	—	1	التهاب السحايا الدماغي
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	نزلة وافدة مخططة
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	زحارية
Puerperal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	حمى نفاسية
Leprosy	4	—	—	—	4	—	—	—	—	—	—	—	—	جذام
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	طاعون
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	هواء اصفر
Anthrax	4	—	—	—	—	—	—	—	—	—	—	—	—	جمرة
Infantile Paralysis	3	—	—	—	—	—	—	—	—	1	1	1	—	شلل اطفال

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الصحة والاسعاف العام

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الأمراض السارية التي بلغ عنها حسب المحافظات ١٩٥١

INFECTIOUS DISEASES REPORTED BY MOHAFAZAT, 1951

Table No. 23

جدول رقم ٢٣

TYPE OF DISEASE	مجموع المحافظات Total	Mohafazat المحافظات									الأمراض
		دمشق Damascus	حمص Homs	حماة Hama	اللاذقية Latakia	حلب Aleppo	الحسكة Al Hasakah	دير الزور Deir ez-Zor	السويداء Sweida	درعا Der'a	
Total	2,389	887	80	41	222	589	35	87	161	248	المجموع
Smallpox	2	—	—	—	—	1	1	—	—	—	جدري
Varicella (water-pox)	148	41	—	2	16	76	—	—	7	6	جدري مائي (حماق)
Typhus	3	3	—	—	—	—	—	—	—	—	تيفوس (حمى نمشية)
Recurrent fever	—	—	—	—	—	—	—	—	—	—	حمى راجعة
Measles	824	177	—	4	57	316	5	41	10	224	حصبة
Scarlet fever	2	2	—	—	—	—	—	—	—	—	حمى قرمزية
Diphteria	100	36	19	12	6	11	12	—	3	3	خناق دفتيريائي
Whooping cough	369	264	—	5	53	36	—	10	1	—	سعال ديكي
Parotitis	157	88	—	—	27	5	3	4	25	3	أبو كعب (نكاف)
Erysipelas	22	6	—	—	1	2	—	—	13	—	حمرة
Typhoid fever	649	263	70	17	80	120	3	2	74	13	تيفوئيد والباراتيفوئيد
Lethargic encephalitis	1	1	—	—	—	—	—	—	—	—	التهاب الدماغ النومي
Cerebro-spinal Meningitis	15	9	—	1	3	—	1	—	1	—	التهاب السحايا الدماغي الشوكي
Influenza	—	—	—	—	—	—	—	—	—	—	نزلة وافدة مخططة
Dysentery	3	3	—	—	—	—	—	—	—	—	زحار (زحار عصوي)
Puerperal fever	3	—	—	—	—	3	—	—	—	—	حمى نفاسية
Leprosy	1	—	—	—	—	1	—	—	—	—	جذام
Plague	—	—	—	—	—	—	—	—	—	—	طاعون
Cholera	—	—	—	—	—	—	—	—	—	—	هواء أصفر (الهيضة)
Anthrax	1	1	—	—	—	—	—	—	—	—	جمرة

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الامراض السارية التي بلغ عنها حسب المحافظات ١٩٥٢

INFECTIOUS DISEASES REPORTED BY MOHAFAZAT, 1952

Table No. 22

جدول رقم ٢٢

TYPE OF DISEASE	مجموع المحافظات Total	Mohafazat المحافظات									الامراض
		دمشق Damascus	حمص Homs	حماة Hama	اللاذقية Lattakia	حلب Aleppo	الحسكة Al hasskeh	دير الزور Dier ez-zor	السويداء Sweida	درعا Dar'a	
Total	2,006	1,035	122	37	170	301	15	13	80	133	المجموع
Smallpox	2	—	—	2	—	—	—	—	—	—	جدري
Varicella (water-pox)	165	80	—	—	48	2	—	—	—	1	جدري مائي (حماق)
Typhus	1	1	—	—	—	—	—	—	0	—	تيفوس (حمى نملية)
Recurrent fever	2	1	—	—	—	—	—	—	—	1	حمى راجعة
Measles	51	22	—	—	3	—	—	3	2	24	حصبة
Scarlet fever	3	—	3	—	—	—	—	—	—	—	حمى قرمزية
Diphteria	120	60	16	6	10	14	5	4	4	7	خناق دفتريائي
Whooping cough	484	321	—	—	48	67	9	9	15	15	سعال ديكي
Parotitis	374	190	—	—	21	24	—	—	3	100	ابو كعب (كاف)
Erysipelas	8	3	—	—	—	2	—	—	—	3	حمرة
Typhoid fever	770	378	110	24	85	224	—	—	24	85	تيفوئيد والباراتيفا
Lethargic encephalitis	—	—	—	—	—	—	—	—	—	—	التهاب الدماغ النومي
Cerebro-spinal Meningitis	30	11	2	1	—	5	1	—	5	4	التهاب السحايا الشوكي القفوي
Influenza	—	—	—	—	—	—	—	—	—	—	نزلة وافدة مختلطة
Dysentery	78	60	2	2	—	1	—	—	—	13	زحارية (زحار صفوي)
Puerperal fever	1	—	—	—	—	—	—	—	1	—	حمى نفاسية
Leprosy	6	—	—	—	—	—	—	—	—	—	جذام
Plague	—	—	—	—	—	—	—	—	—	—	طاعون
Cholera	—	—	—	—	—	—	—	—	—	—	هواء اصفر (الهيضة)

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الصحة والاسعاف العام

الامراض السارية التي تم تبليغها حسب المحافظات ١٩٥٣

INFECTIOUS DISEASES REPORTED BY MOHAFAZAT, 1953

Table No. 36 — جدول رقم ٣٦

TYPE OF DISEASE	Total	Mohafazat									الامراض
	مجموع المحافظات Total	دمشق Damascus	حمص Homs	حماة Hama	اللاذقية Lattakia	حلب Aleppo	السويداء Sweida	دير الزور Der ez-zor	القنيطرة Al Kuneitra	درعا Dar'a	
Total	3,737	711	80	270	219	922	52	168	77	182	المجموع
Smallpox	2	—	—	2	—	—	—	—	—	—	جدري
Varicella (water-pox)	130	30	—	6	26	22	3	—	6	—	جدري مائي
Typhus	—	—	—	—	—	—	—	—	—	—	تيفوس
Recurrent fever	5	1	—	—	1	—	—	—	—	3	حمى راجعة
Measles	781	161	49	86	101	288	3	35	8	51	حصبة
Scarlet fever	1	—	—	—	—	—	1	—	—	—	حمى قرمزية
Diphteria	188	78	9	6	9	64	—	5	2	15	خناق
Whooping cough	229	161	—	22	21	1	—	20	2	2	سعال ديكي
Parotitis	411	71	—	4	13	41	71	108	43	41	حمرة أب كيكي
Erysipelas	3	1	—	—	1	1	—	—	—	—	ايلولية
Typhoid fever	304	213	41	15	6	540	—	8	23	18	التهاب السحايا الوبائي
Lethargic encephalitis	—	—	—	—	—	—	—	—	—	—	التهاب السحايا النخاعي
Cerebro-spinal Meningitis	11	4	1	—	—	1	1	—	3	2	ذرية وافدة مخططة
Infantile	—	—	—	—	—	—	—	—	—	—	الزحارية
Dysentery	—	—	—	—	—	—	—	—	—	—	حمى النفاسية
Puerperal fever	—	—	—	—	—	—	—	—	—	—	الجذام
Leprosy	4	—	—	—	1	—	—	—	3	—	الطاعون
Plague	—	—	—	—	—	—	—	—	—	—	الهواء الأصفر
Cholera	—	—	—	—	—	—	—	—	—	—	الجمرة
Anthrax	4	—	—	—	—	—	—	—	—	4	شلل الاطفال
Infantile Paralysis	3	3	—	—	—	—	—	—	—	—	

Source : Ministry of Health. — المصدر : وزارة الصحة والاسعاف العام

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3:Royal Institute of International Affairs U-4 (no date)1954 M1 Middle East
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mainly Christian) those run by foreigners are now finding it difficult to disarm the suspicions of the Government. In Lebanon, there are almost as many private as state schools and the foreign schools still work without difficulty. There are higher schools for teachers and for agriculture and engineering in Syria and for agriculture in Lebanon, but it is usual for a student to pass from a secondary school directly to a university. The following table shows the various types of schools and number of students.

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Type	Lebanon, 1951		Syria, 1951–2	
	Schools	*Students*	*Schools*	*Students*
State:				
Primary	977	83,252	1,850	237,775
Secondary	..	..	57	26,237
Technical	30	2,381	11	2,146
Teachers	2	165	10	1,233
Reformatory	1	106	—	—
Private	601	84,768	387	65,936
Foreign	149	41,402	56	9,852
Total:	1,760	212,094	2,371	343,179

.. = not available.

(Sources: *Statistical Abstract of Syria, 1951–2*, Damascus, 1952; *Statesman's Year-Book*, 1953).

The American University of Beirut is non-sectarian and has students from all over the Middle East. It encourages the use of Arabic as well as English, and its most renowned faculties are those of medicine and social sciences. The University of St Joseph in Beirut is run by the Society of Jesus. Attached to this university are schools of medicine, law, and theology, subsidized by the French Government and administered by the Society, in which teaching is carried on in the French language. A National University has recently been started by the Lebanese Government. The Syrian National University in Damascus teaches in Arabic and its most important faculties are those of law and medicine. A separate body for the study of the Arabic language is the Arab Academy of Damascus.

Health

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Malaria and amoebic dysentery are endemic and, though efforts are being made to drain breeding-grounds, preventive medicine is only in a rudimentary stage. Good hospitals exist in the cities and more are under construction; qualified doctors practise in all the towns, but in the villages there is still a lack

3:Royal Institute of International Affairs U-4 (no date)1954 M1 Middle East
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of clinics and in the cities a shortage of qualified staff to undertake massage, radiotherapy, and orthopædics, and there is special need to combat tuberculosis. Syrians and Lebanese are not addicted to hashish which, however, is grown in the Biqaa and smuggled to Egypt. The Lebanese Government periodically burns many of the plantations, which inflates the price of the surviving crop.

Economic Survey

More than half the population of the two countries is engaged in agriculture which is the most important economic activity. Natural resources hardly exist; there is bitumen in Jebel Bishri in Syria but its production would not be economic; about 10,000 tons a year of asphalt is produced from the neighbourhood of Latakia; and salt is extracted in commercial quantities near Aleppo.

Petroleum

For a number of years, associates of IPC searched for oil in Syria and Lebanon but without finding it in commercial quantities; in consequence, the areas held by these IPC associates have been given up. However, the two Governments are still anxious for further efforts to be made to find oil in commercial quantities. The importance of petroleum in the economy of Syria and Lebanon lies in the situation of the two republics athwart the pipelines from the fields of northern Iraq and Saudi Arabia which have outlets on the Mediterranean.[1] From Iraq a 12-inch and 16-inch line carry oil across Syria by way of Palmyra and Homs to Tripoli in the Lebanon. Together, these two lines can carry about 8 million tons of oil a year (160,000 barrels daily). A third IPC line from Kirkuk to Homs then bears north of the other two and reaches the sea at Banias, and so does not run through Lebanon at all. This new line is 26–30–32-inches in diameter and can deliver oil at about 16 million tons a year (320,000 barrels daily). From the fields of Saudi Arabia a 30–31 inch American pipeline (Tapline) travels over 1,000 miles on its way to Sidon in Lebanon, passing through Jordan and Syria. At present the line is pumping at a rate of about 15 million tons a year (300,000 barrels daily). It should be noted that these four lines all carry crude oil, some of which is refined on the Mediterranean shore for local requirements but the bulk is shipped as crude to the refineries of Europe and elsewhere.

The line from Kirkuk to Haifa is not operating and the Haifaf

[1] See Appendix IV, p. 570 below.

their animals. Malaria is prevalent. The majority are heavily indebted. The tenants on the irrigated land, with an average holding of 18 acres, are also poor but less heavily indebted, because they can depend on a more regular income.

The poorest class are the landless labourers whose income in money and kind amounts to 530 Syrian pounds a year (1944) (£10 at 1939 prices).[1] This is a starvation wage, which means that they can only eat enough in harvest time, and in winter must subsist on maize, bread, and grass.

The poverty on this estate is therefore a result of the low productivity and the low proportion of the area under cultivation. One way of increasing the area cultivated would be by the use of machinery. Tractors were introduced some fifteen years ago, but proved too costly in relation to the low prices of Syrian grain; owing to lack of skilled drivers and proper maintenance they fell into disrepair. During the late war, however, as the price of grain rose, tractors were again used by some tenants who hired them from neighbouring estates.

Another way of raising production would be to increase irrigation since there is sufficient water to supply much more land. In this respect the estate is typical of the whole Homs–Hama plain, where much of the water which the French authorities have made available by irrigation goes to waste.

On this estate, therefore, the poverty of the cultivators is due to the landowner's failure to increase the productivity of the soil, rather than to his exploitation of the peasants; compared with other estates, this one is socially progressive, since the landowner's family have set up a school and also distribute medicines free of charge.

The second study covers a more intensively cultivated village, Ashrafie on the borders of the irrigated district of Damascus. Less heavily supplied with water than El Ghuta itself, Ashráfie has sufficient water to irrigate 10 per cent of the total land. The total area is 1,600 hectares or 4,000 acres, of which 2,400 are owned by four estate owners and the rest by peasants. The largest landowner is an absentee, letting his land on a 50 per cent share-tenancy basis; with definite three-year leases (by contrast with the usual custom under which the tenant has no lease).

[1] This is calculated on a rate of 9 Syrian pounds to £1, allowing for a six-fold increase in the Syrian cost of living between 1939 and 1944.

[The estate of Misherfe, near Homs -- Analyst]

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Within this belt there is a large area of cultivable land still uncultivated, mainly for reasons of shortage of labour, lack of means of communication, and political insecurity. Uncultivated land is generally used for grazing, and in the 'Duck's Bill' the grass grows high enough for hay cutting. At present the cultivated area is some 481,500 hectares (1,188,000 acres), and it is estimated that an area about as large again remains uncultivated.

The population at present numbers 111,300, of which half are Kurds. Owing to its remoteness and unsettled state, there has been no survey and settlement of land title. New land is taken under cultivation under the old Ottoman right by which ownership is acquired if cultivation can be proved for ten consecutive years.

In the Jezira most of the land is held by large cultivators. In the Euphrates province much of the land has until recently been owned by the villagers, but now the land is passing into the hands of city landowners as pump irrigation is introduced (as in Iraq). The pumps and buckets are supplied against payment in kind by the town merchant or moneyed class; wherever irrigation brings more lands under cultivation, the ownership of the extra land is divided equally between the villagers and the suppliers of water.

The system of tenure is the usual share-tenancy; in the Jezira, according to local custom, the landlord takes one-eighth of the crop to pay taxes, and the remainder is shared equally between landlord and cultivator, the proportion being determined by the supply of labour. With the introduction of machinery—there were about thirty tractors in the area in 1942—the division into employer and labourers has developed: the landowner using the tractor on the land and employing wage labour.

Owing to the scarcity of labour, the position of the agricultural labourer in the Jezira area is better than in the rest of Syria. Health conditions, however, are bad: the Kurds suffer from trachoma and villagers in the Kamichlia district from malaria. In the Euphrates region, the position is worse: the agricultural labourer is weak and underfed, living a hand to mouth existence and exploited by all.

Both in the Jezira and in the Euphrates region there is scope

of the Muzeirib swamp lands along the headwaters of the Yarmuk River. The resettlement program in the Euphrates and the Khabour river basins, which is controlled by a separate governmental organization, calls for the irrigation of extensive areas. Between 20,000 and 30,000 acres had been opened up through irrigation in 1951. Work on the drainage and the irrigation of the Ghab marshes, covering about 100,000 acres in the Orontes river valley northwest of Hama, was started in 1952.

Waste Disposal

Sewerage systems are available in all the larger cities. The sewage is not treated, however, and the effluent is usually discharged into adjacent watercourses or upon the land for irrigation purposes. In unsewered sections, cesspools are employed in connection with the houses. The methods of sewage disposal are universally primitive in the rural districts. In villages near the larger cities, pit or shallow latrines are frequently found in the individual compounds or provided on a community basis. In the more remote areas and in the poorer villages, pollution of the soil is the general practice. The use of night soil for fertilizer is common in the agricultural communities.

Fauna and Flora

Arthropoda. Mosquitoes. Nine species of anopheline mosquitoes have been reported from Syria, three of which—*Anopheles superpictus*, *A. sacharovi* (— *A. elutus*) and *A. claviger* (— *A. bifurcatus*)—are of major importance in the transmission of malaria. *A. pulcherrimus*, *A. hyrcanus*, *A. algeriensis* and *A. sergenti* are of minor and local significance, while *A. marteri* and *A. multicolor* are rare.

A. superpictus is widely distributed: It is a prominent vector of malaria in the coastal plains, in the northwestern highland districts and in the river valleys, but is of secondary interest in the Damascus region. It breeds along the margins of the larger rivers and on the edges of mountain streams

63:Simmons et al G-5 (1941-1951) 1954
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up to 4,000 feet elevation, in sunlit pools in dried stream beds and in irrigation canals and seepages. Except at the higher altitudes, it is abundant from May to October, with peaks of activity between July and September. *A. sacharovi* is also a primary vector in many areas, breeding in swamps, irrigation canals and seepages, neglected water tanks and numerous other artificial collections of water. It is one of the principal vector species on the oasis of Damascus, where the miles of irrigation canals and numerous swampy depressions create favorable conditions for breeding. It is found breeding from March to November, but most prolifically in June and July. *A. claviger* is chiefly restricted to the towns and the surrounding villages, where it breeds in wells, cisterns and seepages, often even during the winter months. With *A. sacharovi*, it is responsible for the transmission of most of the malaria in the vicinity of Damascus and Aleppo. *A. sergenti* is a significant vector in the rice-growing areas in the Belikh and the Khabour valleys. *A. pulcherrimus* is also plentiful in the river basins of the northeastern provinces, and is regarded primarily as a pest.

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Two species of *Aedes* are known to be present—*Aedes aegypti* and *A. mariae*. *A. aegypti* is widespread in the western provinces, where it is the vector of dengue fever. Numerous species of *Culex* have been identified, but all are pests of no recognized medical importance.

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Mosquito control work is carried on by the antimalaria service of the Ministry of Health, and in the cities of Damascus and Aleppo by the municipal authorities. Larvicidal measures, using DDT or oil sprays, are undertaken in the cities and the larger towns; however, residual spraying, with DDT preparations or Gammexane, is the usual means of control in the rural villages. A mosquito control program, based upon the residual spraying of dwellings and other buildings, was initiated in the villages around Damascus in 1949, and in the Hauran region in 1950, by the Ministry, in

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63:Simmons et al G-8 (1941-1952) 1964
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144 co-operation with the Near East Foundation and other agencies. Similar operations have also been conducted by the Ministry in the town of Latakia and in the administrative center and the adjacent farms in the Jebel ed Druz area. In 1950, the government program covered a total of 224 villages, with an aggregate population of slightly over 180,000. A shortage of DDT necessitated the curtailment of the program in 1951, but the Ministry proposes to expand its activities to other malarious districts throughout the country as rapidly as possible. A demonstration control program was started in 1952 in the vicinity of Homs under the auspices of the World Health Organization. Anopheline control measures are carried on by the United Nations Relief and Works Agency in and around the refugee camps situated in malarious regions.

124 FLIES. Flies of the family MUSCIDAE are numerous, including *Musca domestica vicina*, *M. tempestiva*, *M. sorbens*, *M. vitripennis* and *Muscina stabulans*. They are abundant around markets, food shops and dwellings, and are undoubtedly implicated in the spread of intestinal infections. The stable fly, *Stomoxys calcitrans*, is prevalent. The myiasis-producing flies, *Chrysomyia albiceps*, *Calliphora erythrocephala*, *Oestris ovis*, *Lucilia sericata*, *Gasterophilus haemorrhoidalis*, *Wohlfahrtia magnifica* and species of *Sarcophaga* are known to be present, and are probably responsible for occasional cases of infection in man.

At least 6 species of sandflies are found in Syria. *Phlebotomus papatasii* and *P. sergenti* are involved in the transmission of cutaneous leishmaniasis, which is endemic in many parts of the country, particularly in the vicinity of Aleppo. *P. chinensis* and *P. major* occur and are potential vectors of visceral leishmaniasis, although the extent of indigenous infection is uncertain. *P. papatasii* is also the vector of sandfly fever, which is sporadic in this region.

144 136 511 A fly-control campaign was inaugurated in Damascus in 1946. The dwellings in the poorer sections of the city and the tanneries,

p. 144(A)

744 the refuse dumps and other breeding sites
132 are sprayed with DDT preparations at in-
571 tervals between May and October.

136 Lice. Infestation with lice is common
571 among the inhabitants in the congested
361 quarters of the towns and in the villages and the Bedouin encampments. *Pediculus humanus corporis* is important as the vector of typhus fever; cases are reported almost annually. *P. humanus capitis* and *Phthirus pubis* are somewhat less frequent.

136 Fleas. Numerous species of fleas para-
164 sitize the wild and the domestic rodents. The rat flea, *Xenopsylla cheopis*, is prevalent: it is the vector in sporadic cases of murine typhus, and in past decades it was implicated in the transmission of plague. The human flea, *Pulex irritans*, and the cat and the dog fleas, *Ctenocephalides felis* and *C. canis*, are widely distributed. The stick-tight flea, *Echidnophaga gallinacea*, sometimes attacks man, but it is of no known medical significance.

136 Bedbugs. *Cimex lectularius* is an annoying pest in all parts of the country.

136 Ticks and Mites. A variety of ticks,
232 including *Rhipicephalus sanguineus* and
164 several species of *Hyalomma*, infest the livestock. *Ornithodorus tholozani* is found in the rural areas, where it is the local vector of tick-borne relapsing fever.

136 The grain itch mite, *Pediculoides ventri-*
164 *cosus*, is plentiful in the grain-producing regions. It frequently attacks man, causing a painful rash. The human itch mite, *Sarcoptes scabiei*, is widely distributed, but it is decreasing steadily in prevalence.

136 Scorpions and Spiders. Several species of
762 scorpions are present, including *Buthus quinquestriatus*, *B. judaicus*, *B. crassicauda* and *B. europeus*, and *Scorpio maurus propinquus* and *S. maurus fucus*. Serious systemic effects resulting from scorpion stings
[135] are rare, but deaths are sometimes recorded among young children, usually after attacks by *B. quinquestriatus*.

136 The poisonous black spider, *Latrodectus tredecimguttatus*, is found in some localities.

p. 144(B)

Reptiles. Venomous snakes are not common, but at least 4 species of vipers are known to be present. The carpet viper, *Echis carinatus*, exists only in the north, while *Vipera lebetina lebetina*, *V. lebetina xanthina* and *V. palaestina* are reported from many parts of the country. 126

Rodents. Rats and mice are numerous. The usual domestic rats are *Rattus rattus rattus* or *R. rattus alexandrinus*. *R. norvegicus* sometimes invades the port towns of Latakia.

Mollusks.* The fresh-water snail, *Bulinus truncatus* (— *B. contortus*), inhabits some of the tributaries of the Belikh and the Khabour rivers, near the Turkish border. It is the intermediate host of *Schistosoma haematobium*, which is reported from several foci in that region. 136 164

Plants. Various trees, weeds and grasses are capable of inducing allergic manifestations in susceptible individuals, but no precise information is available. 137 152

The broad bean, *Vicia faba*, which is grown extensively as a food, may be toxic to young children when it is eaten raw. A few deaths are observed each year, among children in both urban and rural communities. Occasional cases of lathyrism occur when the "Indian pea," *Lathyrus sativus*, a plant widely cultivated for fodder, is used for human consumption. [135]

Food Sanitation

Municipal regulations govern the sanitation of the food supplies in the cities of Damascus, Aleppo, Homs, Hama and Latakia. Restaurants, markets and other premises where food is sold are inspected at regular intervals by the municipal sanitary officers, and food handlers are required to register for examination at 6-month intervals. Municipal slaughterhouses are established in towns with populations of 20,000 and over, and are operated under the supervision of the health authorities. The meat animals are inspected before and after slaughter by veterinary officers of the Min- 144

* See footnote, page 10.

844 parts of the country. The graduate pharmacists totaled 214.

DISEASES

659 Widespread discrepancies in reporting de-
165 tract from the validity of the morbidity and the mortality statistics. Among the two thirds or more of the population living in the rural villages, not only is the reporting of cases of illness and death poor, but the accuracy of diagnosis is often questionable. In a total of 15,457 deaths officially recorded in 1949, almost 35 per cent were listed as due to "ill-defined, unknown or unspecified" causes. Facilities for laboratory confirmation are lacking outside the larger population centers, and confusion is frequently evident in the differentiation of related infections. Reporting is negligible in the more remote areas, and particularly
659 among the Bedouin tribes. Except in the
165 course of special surveys, or when abnor-
758 mal epidemic conditions necessitate the enforcement of preventive measures, medical treatment is seldom accessible to the in-
659 habitants of such regions. Even in cities,
165 where the degree of reporting is considerably higher than in the rural areas, the morbidity statistics reflect a general tendency to evade the reporting of certain infectious diseases for fear of isolation. The records of cases treated in the government hospitals, which cannot be regarded as representative, and the reports of particular investigations or surveys provide the most reliable data for the evaluation of the prevalence and the distribution of specific diseases.

Diseases Spread or Contracted Chiefly Through Intestinal or Urinary Tract

164 **Typhoid and Paratyphoid Fevers.** Enteric fevers are endemic, and, in the opinion of the local authorities, a high degree of immunity resulting from repeated exposure to infection exists among the inhabitants.
164 Cases of typhoid fever occur throughout the
364 year, with the peak of incidence usually between June and December, when the con-

sumption of fly-contaminated foods and of raw vegetables grown in polluted soils provides an important means of transmission. Water-borne outbreaks are frequent in the rural villages, but they have decreased within recent years with the improvement of the drinking water supplies in the larger cities. Reports for 1949 show that 495 cases of typhoid fever were treated in government hospitals throughout the country, 295 cases in institutions in Damascus *suks/erat*. Similarly, 671 cases were recorded in 1950.

The relative prevalence of the different paratyphoid infections is uncertain. Paratyphoid A fever predominates among the cases in which the differential diagnosis has been established, although paratyphoid B infections are undoubtedly more numerous. Paratyphoid C fever has been diagnosed in Lebanon, but its presence in Syria has not been determined.

Immunization with typhoid-paratyphoid A and B vaccine is carried on by the health authorities among the contacts of known cases. Immunization is also widely practiced in the urban areas.

Dysenteries. Dysentery is prominent among the causes of illness. The available data give little indication of the proportionate prevalence of amebic and bacillary infections. Amebiasis is widespread, and associated with a high percentage of chronic carriers. Contaminated foods constitute the chief sources of infection, and the maximum incidence is noted in spring and summer, when lettuce and other green, leafy vegetables are consumed in abundance.

Recognized *Shigella dysenteriae* infections are rare, but occasional bacteriologically confirmed cases are recorded. Strains of the Flexner group are probably responsible for the majority of cases of bacillary dysentery. The differentiation of types is made only in Damascus, and, since few cases are hospitalized, the existing records have little significance.

Diarrhea and enteritis are prevalent, especially in infancy and early childhood. Local authorities state that fully 85 per cent

of the babies treated at the maternity and child health center in Damascus suffer from intestinal infections. Epidemics of diarrheal disease often coincide with the ripening of the apricot crop. The ready contamination of this thin-skinned fruit by flies and other insects accounts for the local designation of the early summer diarrheas in the fruit-growing districts as *mish mish* (apricot) disease.

Cholera. Serious outbreaks have accompanied the introduction of cholera in the past, but the disease was absent from Syria from 1928 to 1947, shortly after the epidemic in Egypt. On December 19, 1947, cholera was reported from 2 adjacent villages in the province of Hauran, on the road from Palestine to Damascus. At the same time, cases occurred in 3 villages in the irrigated plain of the Al Ghouta, within 3 or 4 miles of Damascus. Although 45 cases, with 18 deaths, were reported officially, it was generally believed that the actual incidence totaled at least 77 cases.

Quaraptine measures were promptly imposed in Hauran and Damascus provinces, and all persons entering or leaving those regions were required to possess certificates of immunization against cholera. Over one and one half million individuals were inoculated with cholera vaccine in the vicinity of Damascus, as well as in the affected districts of Hauran and in the city of Aleppo. Supplies and assistance were furnished the Ministry of Health by the World Health Organization, the Near East Foundation and the Egyptian and Lebanese governments. Vaccine was also provided jointly by the Arabian American Oil Company and Trans-Arabian Pipeline Company. No cases were reported after the initial outbreaks, and on January 17, 1948, Syria was declared free from the disease. The exact origin of the epidemic was never definitely established.

Helminthiases. ANCYLOSTOMIASIS. Hookworm infection, caused by *Ancylostoma duodenale*, is prevalent among the agricultural workers in foci along the banks of the

p. 149(B)

164 Orontes River and in the irrigated districts
463 of the Euphrates river basin, especially in
369 the Al Jazira region. In a survey of representative population groups in Syria and Lebanon, reported in 1934,[18] hookworm ova were found in fecal specimens from 25 to 36 per cent of the farmers examined in the vicinity of Homs and Hama. Surveys in the Euphrates area suggest comparable infection rates. In the examination of 306 presumably healthy Arabs, from 9 to 60 years of age, who were engaged on excavations near Salihiye on the river about 60 miles south of Deir ez Zor in 1933,[18] slightly over 38 per cent were found to harbor hook-
164 worms. The prevalence of infection in the
369 agricultural communities along the Eu-
514 phrates and its tributaries probably aver-
515 ages from 25 to 35 per cent. Promiscuous defecation is widely practiced, and the children, running barefoot around the dwellings and in the fields, are particularly exposed to infection. No data are available regarding the degree of infection, but most observers believe that it is usually moderate. Similar studies undertaken in the areas around Damascus and Aleppo, in an Alawite village on the northern plateau and among Bedouin tribesmen south of the Euphrates yielded no evidence of infection.

164 SCHISTOSOMIASIS. Schistosomiasis is endemic in two localized areas near the Turkish border—the Tell Abiad district on the upper reaches of the Belikh River and

Distribution of Schistosomiasis in Syria

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the Qoubour el Bid section of the Al Jazira, along branches of the Khabour River northeast of Hasetché. *Schistosoma haematobium* is the only species identified in confirmed cases, but rectal complications are sometimes recorded. At present, the disease is confined to circumscribed foci, but in view of the irrigation and the agricultural potentialities of the region, its control is of major public health significance. The foci are apparently of recent origin. Whether the infection was introduced by Senegalese troops stationed in the vicinity, as claimed by the local inhabitants, or by nomadic tribes from Iraq is a matter of conjecture. Surveys have been made within recent years, under the auspices of the Ministry of Health and co-operating international organizations, and, although some discrepancies are evident in the determination of the infection rates in different villages, all emphasize the seriousness of the problem. Competent local authorities estimated in 1951 that the total incidence in that year approximated 12,000 cases.

In surveys undertaken in 1948,[84] the examination of urine samples collected from 545 persons in Qoubour el Bid and neighboring villages on the Gerahi branch of the Khabour River indicated general infection rates of about 62 per cent. They averaged 73 per cent among the men and the boys, and 49 per cent among the women and the girls. Moreover, they were consistently higher, in both sexes, in individuals under 20 years than in the older age groups. Equally high infection rates were found among the seminomadic peoples in the Tell Abiad area. A system of spot checking suggested probable infection rates of almost 100 per cent among males and of 60 per cent among females in 3 of the 5 villages visited.

A more exhaustive investigation in 1950[85] revealed the presence of infection among about 24 per cent of the inhabitants of 58 villages situated along 4 tributary streams in the Qoubour el Bid area. The infection rates ranged from 1 to 88 per cent: the most

highly infected villages were situated on the Gerahi and the Soublakh wadies. Similar surveys in 9 villages in the Tell Abiad area showed an average infection rate of 77 per cent, with the greatest prevalence in the villages on the Tell Abiad and the Slouq branches of the Belikh. Infection is apparently acquired early in life through swimming, washing or other contact with streams inhabited by infected snails. The intermediate host, *Bulinus truncatus*, has been collected from several localities.

Two mobile treatment teams were operated by the Ministry of Health in the infected areas in 1951. Plans for the inauguration of a snail eradication program were also under consideration.

OTHER HELMINTH INFECTIONS. Infection with one or more varieties of intestinal worms is prevalent in all parts of the country. The insanitary habits of the people and the frequent use of night soil as fertilizer promote the spread of the different species. Ascariasis is widely distributed. Infection rates ranging from 30 to 86 per cent have been demonstrated in Aleppo, Damascus, Homs and Hama, as well as in the surrounding villages. The infection is most prominent among the children, in both urban and rural areas. Trichuriasis is also widespread, but enterobiasis and strongyloidiasis tend to be sporadic.

Taeniasis is common. The beef tapeworm, *Taenia saginata*, is enzootic among the cattle, and the popularity of raw, or underdone, meat in certain national dishes is responsible for considerable human infection. The pork tapeworm, *T. solium*, is sometimes encountered among the Christian communities. Occasional infections with the dwarf tapeworm, *Hymenolepis nana*, are observed in most districts.

Hydatid disease is not unusual. *Echinococcus granulosus* is enzootic among dogs, sheep, goats, cattle and camels. In studies reported in 1936,[49] cysts were detected in 25 to 30 per cent of the sheep and the goats examined in slaughterhouses in Aleppo, Damascus and Homs. Infection was uni-

63:Simmons et al G-6 (1941-1951) 1954
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versal among the 15 camels slaughtered in the same period, but the consumption of camel's meat is normally restricted to small groups of the population. 232 164

Rare cases of trichinosis are reported among the Christian peoples. Canine infections with the fluke, *Heterophyes heterophyes*, are numerous, and one instance of infection in man has been recorded. 164

Brucellosis. Brucellosis is enzootic among the goats and the cattle. Sporadic cases of undulant fever, caused by *Brucella melitensis*, occur in man. However, infection with *Br. abortus* has not been reported. According to local custom, milk is seldom used without boiling, but infection may result from the consumption of contaminated cheese or butter, as well as from contact with infected animals. 232 164 262 252 164

Diseases Spread Chiefly Through the Respiratory Tract

Tuberculosis. The reporting of tuberculosis is not compulsory in Syria, and the prevalence of the disease is not accurately known. On the basis of mortality statistics for 1947 and 1949, about 1.8 to 2.0 per cent of the total recorded deaths were due to tuberculosis. The usual discrepancies in reporting are exaggerated, however, by the tendency to conceal the presence of tuberculosis because of the social stigma attached to the disease. From 80 to 90 per cent of the known deaths were attributed to pulmonary infection, but nonpulmonary forms of tuberculosis are common in most areas. Competent local authorities estimated that there were at least 32,000 cases of tuberculosis in the country in 1951, representing a morbidity rate of about 10 per 1,000 population. 164 165 164 183 164

In the survey carried on in Damascus in 1950, tuberculin tests were performed on 10,695 individuals between 6 and 24 years of age. The positive reaction rate rose progressively with age: 12 per cent of 563 children, 6 years of age, gave a positive reaction to tuberculin, and 46 to 51 per cent of 1,079 persons from 16 to 19 years of age. 659 751

63.Simmons et al G-6 (1941-1951) 1951
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767 Comparative rates in urban and rural com-
369 munities were determined in a series of tests
164 on unorganized groups in the city and two adjacent farming districts. In Damascus, positive reactions to tuberculin were given by 47.7 of the boys and 40.8 per cent of the girls tested at 15 years of age. At 20 to 25 years of age, positive reactions were obtained in 86.7 per cent and 77.4 per cent, respectively; at 40 to 45 years of age, in 95.6 and 86.6 per cent, respectively. In the rural communities the positive reaction rates were consistently lower, but approached the urban levels in the older age groups. Among individuals at 15 years of age, 51.6 per cent of the boys and 27.2 per cent of the girls reacted to tuberculin in one area, and 18.1 per cent of the boys and 21.2 per cent of the girls, in another. At 40 to 45 years of age, the proportion of positive reactors averaged 80 per cent in the first series and 50 to 100 per cent in the second.[48]

744 Within recent years the Ministry of
751 Health has embarked upon a tuberculosis
747 control program. In January, 1950, a tuberculin testing and BCG inoculation campaign was organized under the auspices of the United Nations International Children's Emergency Fund and associated organizations, which was taken over by the Ministry in September. Surveys have been carried out in most of the provincial capitals and surrounding rural districts, and the Ministry contemplates the gradual extension of the campaign to cover the populations in all parts of the country. In the course of the investigations completed in 7 provinces between January and September, 1950, almost 417,000 persons were tuberculin tested, and over 188,000 were inoculated with BCG vaccine. The majority were schoolchildren, although miscellaneous population groups of all ages were also included. The proportion of positive reactors in the different provinces ranged from 23 per cent in Jebel ed Druz (As Suwaydah) to 42 per cent in Aleppo.

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758 The diagnostic and the treatment facili-
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758 743 ties are inadequate, especially in the rural areas. Up to 1949 there were only 2 small tuberculosis hospitals in the entire country 653 745 —near Damascus and near Aleppo. The development of increased medical facilities has recently been undertaken by the Ministry, and, in 1951, additions to the hospital near Damascus, to provide a total of 350 beds, and a new 300-bed hospital at Aleppo were under construction. Plans were also projected for the erection of a 500-bed hospital in Latakia province, which would bring the total number of beds available for the isolation and the treatment of tuberculous patients to between 1,000 and 1,200.

758 874 A tuberculosis demonstration and training center was established in Damascus in 1952 under the direction of the World Health Organization in collaboration with the Ministry and the Syrian University. It provides a regional headquarters for the training of doctors, nurses and social workers in the public health, the therapeutic and the social aspects of the disease.

164 751 361 Smallpox. Vaccination against smallpox is compulsory, but enforcement is necessarily incomplete in the more remote areas and among the nomadic tribes. Outbreaks occur from time to time, with sporadic cases reported almost annually in the intervening 164 years. The disease was epidemic in Syria and Lebanon in 1933-34, but from 1935 to 1941 only occasional cases were observed. In 1941, smallpox spread to Syria from Iraq, where an epidemic focus had developed in 1940. Over 1,980 cases were recorded in 1942 and 1,132 in 1943. The outbreaks subsided in 1944, and again no more than sporadic cases were noted until 1948, when 894 cases were reported. The known incidence declined to 643 cases in 1949 and subsequently to 15 cases in 1950-51.

Other Infections. Pneumonia and influenza are prevalent. Epidemics of measles are frequent, with the peak of prevalence 165 normally between January and May. The 164 majority of cases are not seen by the medi- 361 cal officers, but, from the fragmentary data available, the fatality rates appear to aver-

63 Simmons et al G-5 (1941-1951) 1954
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age about 5 per cent. Pulmonary complications are generally responsible for a high mortality among the Bedouin children. Mumps, whooping cough and chickenpox are endemic, and often epidemic. 165 164 361

Meningococcus meningitis is sporadic. In the 12 years 1939-50, from 14 to 58 cases were reported annually, except in 1944, when the known incidence totaled 135 cases. 164

Occasional cases of diphtheria are observed, usually among children in the preschool and the school age groups. A high rate of subclinical infection undoubtedly exists, however, as demonstrated by Schick test studies.[88] Scarlet fever is relatively rare, although a few cases are reported each year. Streptococcus infections of the throat are common.

Poliomyelitis is seldom reported. No outbreaks have been recorded, but sporadic cases are sometimes encountered.

Diseases Spread or Contracted Chiefly Through Contact

Venereal Diseases. All forms of venereal disease are present, but little information is available from which to determine their actual prevalence. Syphilis is widely distributed, while gonorrhea occurs primarily in the cities and the towns. Soft chancre is sometimes seen among the poorer inhabitants, but lymphogranuloma inguinale is comparatively rare. [511]

The nonvenereal treponemal infection, usually designated by the Arab term *bejel*, is common among the nomadic and the seminomadic populations in the Euphrates and the Al Jazira regions. The most prominent endemic foci are probably in the vicinity of Deir ez Zor, Raqqa and Meyadin. The disease is associated with low standards of living, and in the majority of cases infection is acquired in early childhood. Surveys have indicated that roughly 60 per cent of the above peoples in Euphrates and Al Jazira provinces are affected, while among some Bedouin tribes the infection rates approach 90 to 100 per cent. In different clinical and serologic studies, made at the mis- 164 361

sion hospital clinic in Deir ez Zor,[14, 15] the prevalence among the Bedouin has been estimated at 50 to 90 per cent and among the seminomadic Arab townsmen at 20 to 35 per cent. 164 361

The facilities for the diagnosis and the treatment of venereal diseases are meager. As of 1951, the Ministry of Health operated special venereal disease hospitals and outpatient clinics in Damascus and Aleppo. It also maintained 2 mobile dispensaries for the treatment of syphilis and bejel in the eastern provinces. A campaign for the mass treatment of bejel and syphilis was initiated in 1952 by the Ministry, in co-operation with the World Health Organization and the United Nations International Children's Emergency Fund. The findings of the various field units should eventually provide a comprehensive picture of the distribution and the prevalence of these diseases in eastern Syria. 738 743

Diseases of the Eyes. Trachoma is a major public health problem in all parts of the country, although it varies in prominence under urban and rural conditions. The infection rates usually average less than 10 per cent in the cities, but approximate 40 to 60 per cent in the rural areas, where over two thirds of the people live. Repeated surveys among school groups in northern Syria[21] indicate that slightly more than 5 per cent of the children in Aleppo are affected, in contrast with 30 to 40 per cent in the environs of the city and 60 per cent in the rural villages. The disease exists at all levels of society, but is less frequent among the nomadic tribes than among the settled communities in the same general region. Differences in prevalence, influenced by local customs, are also noted among the various racial and religious groups. In a survey covering mountainous and coastal areas of Latakia *mukafazat*, reported in 1933,[22] the highest infection rates were found in the predominantly Alawite districts. The index of infection averaged 44 per cent. It ranged from 25 per cent among the Armenians to 61 per cent among the 164 369 164 563

p. 153 (B)

164 Alawites and 68 per cent among the Ismail-
563 ites. Trachoma is one of the principal causes of blindness, in spite of the fact that, in the opinion of many local observers, a large percentage of uncomplicated cases exhibit a tendency to spontaneous cure.

164 Gonococcal and other types of infectious conjunctivitis are common. In a series of 315 conjunctival examinations, reported in 1931,[19] from the mission hospital at Deir ez Zor, *Hemophilus lacunatus* (Morax-Axenfeld bacillus) was identified in 34 per cent, *H. conjunctivitidis* (Koch-Weeks bacillus) in about 10 per cent and *Neisseria gonorrhoeae* in 5 per cent, while different pyogenic cocci were found in the remainder.

164 Diseases of the Skin. As is to be ex-
515 pected, in view of the widespread ignorance
758 of the principles of personal hygiene and the scarcity of water in many areas, skin diseases are prevalent. They represented almost 10 per cent of the total cases treated in government hospitals and clinics in 1949.

164 Mycotic infections are numerous, with ring-
361 worm of the scalp predominating in most
571 localities. Impetigo and scabies are widespread, particularly among children in the rural villages. Pediculosis is almost universal among the inhabitants of the poorer, congested communities, both urban and rural. Occasional cases of human myiasis are encountered. A form of dermatitis, caused by the bite of *Phlebotomus papatasii* and other sandflies, is sometimes encountered among susceptible individuals in the summer months.

164 Leprosy. Endemic foci of leprosy exist in various parts of the country, but primarily in Hauran and Latakia provinces. The extent of infection is not accurately known, and estimates of prevalence range from 90 to 250 cases. A few new cases are
[743] reported each year. Theoretically, isolation is compulsory, and the Ministry of Health maintains a leprosarium at Douma, near Damascus, which has facilities for the care of about 75 lepers.

752 Rabies. Sporadic cases of rabies are re-
164 ported. The majority result from the bites

of rabid dogs, but wolves, hyenas, jackals, rats and other animals are sometimes implicated. Prophylactic treatment is provided by the Ministry, and a special division for the preparation of antirabic vaccines is incorporated in the central laboratory in Damascus. From 140 to 250 persons were treated annually in the 4 years 1948-51.

Other Infections. Tetanus is endemic, and occasional cases are observed. Anthrax is enzootic among the sheep, and human infections sometimes occur in the agricultural areas. Sporadic cases of Weil's disease are reported.

Diseases Spread by Arthropods

Malaria. Malaria is a disease of major public health and economic importance, since it is endemic or hyperendemic in all populous sections of the country. The prevalence of the disease is directly related not only to the physical geography of the different regions, but to the degree and the type of cultivation. The most seriously affected foci are the plains around Damascus and Aleppo, the Orontes valley from Hama to the Turkish frontier, the irrigated zones bordering the Belikh and the Khabour rivers and their tributaries, and the swampy districts of Hauran province. Universally high infection rates are experienced during epidemic years, even in areas of low endemicity.

No large-scale surveys have been attempted, but accumulated studies provide rough estimates of the extent of infection in localized areas. Prior to the development of a program for the control of malaria by the Ministry of Health and the Near East Foundation in 1949-50, the spleen index among children under 10 years of age in the villages around Damascus ranged from 40 to 80 per cent, with the highest rates in villages on the periphery of the Outaybeh swamps in the eastern part of the oasis. In the vicinity of Homs, the spleen rates normally average 50 to 70 per cent.

In the course of joint surveys made by the malariologists of the United Nations

Relief and Works Agency for Palestine Refugees and the Ministry in the Khabour and the Belik river basins in 1950,[8, 9] blood examinations were performed on small representative samples of the population. All age groups were included, although the majority of persons tested were under 15 years of age. The parasite rates averaged about 33 per cent in villages in the Belikh valley, while in the areas under perennial irrigation along the Khabour River and its tributaries, they varied from 33 to 94 per cent. In the rain-irrigated districts northeast of Hassetché, the rates declined to from 12 to 16 per cent. In many localities the malaria problem has been aggravated by the introduction of rice cultivation. In some, as in Ajaja, cultivation had to be abandoned, and in others, it is prohibited within a 2-mile radius of the villages.

The malaria season extends from April to November, with peaks of prevalence in July and October, but some transmission occurs throughout the year in most malarious regions. The relative proportion of *Plasmodium vivax* and *P. falciparum* infections varies according to the season and from place to place. *P. vivax* is usually responsible for 75 to 80 per cent of the cases of malaria in the Damascus area. *P. falciparum* and *P. vivax* were identified with about equal frequency, however, in the 1950 surveys in the Belikh and the Khabour valleys. In general, *P. vivax* predominates during spring and early summer, but is superseded by *P. falciparum* toward the end of the malaria season. *P. malariae* infections are rarely encountered.

Malaria control measures are undertaken by the municipal authorities in Damascus, Aleppo and a few other towns. Control programs, based upon residual spraying with DDT preparations or Gammexane, are conducted in towns and villages in limited areas by the Ministry of Health, often in conjunction with other agencies. In 1950, they covered villages in Damascus and Hauran provinces, the town of Latakia and a few localities in Jebel ed Druz. The most exten-

63:Simmons et al G-5 (1941-1951) 1954
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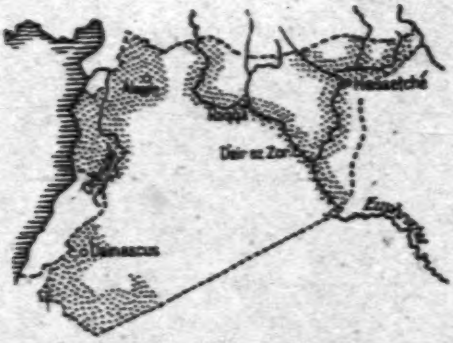

Distribution of Malaria in Syria

sive work has been carried on, in co-operation with the Near East Foundation, in the agricultural districts around Damascus where 224 villages with over 180,000 inhabitants were protected in 1949-50. A marked reduction in the number of cases has been noted in all the areas treated. Successive examinations of over 500 children in 16 treated villages near Damascus revealed a decrease in spleen rates of from 78 per cent in 1950 to 20 per cent in 1951.[8] A malaria control program was inaugurated in the Homs district in 1952, under the auspices of the World Health Organization. *Anopheles sacharovi* and *A. claviger* are the principal vectors in the Damascus region; *A. sacharovi* and *A. superpictus*, in the river valleys in the northeast.

Rickettsial Infections. Localized outbreaks of louse-borne typhus are recurrent during the winter and the spring months, particularly in the congested quarters of the towns and the cities and among the nomadic tribes. Over 1,900 cases were reported in 1942, when the acute shortages associated with the war created conditions conducive to the spread of the infection. Since that date no more than 30 to 95 sporadic cases have been recorded in any one year. Control measures, including deverminization procedures and the immunization of the exposed populations, are enforced by the health authorities in affected areas.

No differentiation is made in the official

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reports between louse-borne and flea-borne typhus, but, since small numbers of cases are listed during the summer months, both types of infection are probably included. Murine typhus is endemic throughout this region, and its presence in Greater Syria (including Lebanon) has been confirmed by rickettsial agglutination and guinea pig inoculation tests on blood serums from indigenous cases.[40] Tick-borne typhus is not reported, but cases of fièvre boutonneuse have been observed in the neighboring portions of Lebanon.

Relapsing Fever. Louse-borne relapsing fever is rare, but small outbreaks were reported from Syria and Lebanon in 1945—extensions of the epidemics which spread through the eastern Mediterranean countries in 1942-46.

Tick-borne relapsing fever is endemic. Occasional cases are seen in the rural villages, usually between May and September. The tick, *Ornithodorus tholozani*, is the vector: specimens collected from a cave near Damascus have been found to be infected with the spirochetes.[42]

Plague. Plague occurs sporadically in the districts along the Turkish and the Iraqi frontiers on the north and on the Israeli border in the south. No severe outbreaks have been recorded within recent years, and no cases since 1946.

Leishmaniasis. Cutaneous leishmaniasis is widely distributed. The presence of a major focus in Aleppo province accounts for the local classification of the disease as "Aleppo boil." The infection rates in the vicinity of Aleppo formerly approximated 70 per cent, but they have declined appreciably with the extension of insect control measures within recent years. Smaller endemic foci exist in Damascus and other centers. The disease is frequently encountered in the rural villages around Damascus, but it has been almost totally absent from the city itself since the inauguration of the municipal fly control campaign in 1946. Cases usually occur between May and

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October, when the vector sandflies, *Phlebotomus papatasii* and *P. sergenti*, are abundant.

Kala-azar is seldom specifically reported from Syria, but occasional suspected cases have been described from the Jebel ed Druz region. A canine reservoir undoubtedly exists: the causative organisms have been demonstrated in a stray dog captured at el Bab, near Aleppo.[38]

Other Infections. Outbreaks of dengue fever are sporadic in the western provinces where the vector, *Aedes aegypti*, is indigenous. Sandfly fever, transmitted by *Phlebotomus papatasii*, is endemic and sometimes epidemic.

Nutritional Diseases

Undernutrition and subclinical avitaminosis are prevalent, particularly in the rural villages, where poverty and parasitic infections influence the nutritional standards of the people to a greater extent than in the urban areas. Serious nutritional conditions are most obvious among the children of the Bedouin tribes. Minor vitamin C deficiencies are widespread among the inhabitants of the grain-producing areas in the northeastern and the southern provinces. Occasional borderline cases of pellagra are encountered, but beriberi and ariboflavinosis are unusual. Cases of rickets are numerous, especially in the cities and the towns. Protein edema and overt vitamin A deficiencies are relatively rare.

Miscellaneous Conditions

Infectious hepatitis is endemic, and epidemics are sometimes reported. Q fever is enzootic among the sheep and the goats, but the extent of human infection is not known. In a series of complement fixation tests recently performed on blood serums taken from sheep and goats in different parts of the country, positive reactions were obtained in 13 to 63 per cent.[40]

Silicosis and benign pneumoconiosis are

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SILICOSIS AND BENIGN PNEUMOCONIOSIS ARE among the most important occupational diseases, but recognized cases are relatively few in number.

The smoking of *Cannabis indica* (hashish) and other types of drug addiction were formerly common. Within recent years they have been combated with some success by restrictive regulations and educational propaganda.

SUMMARY

Modern Syria, an independent republic since 1943, encompasses three of the former Levant states—Syria, Latakia and Jebel ed Druz. It has a population of slightly less than 3.2 million which is predominantly Moslem and Arab, but which includes several important religious and racial minority groups. Over three quarters of the inhabitants live in the western and the northwestern provinces which form the western arm of the so-called "Fertile Crescent."

The Ministry of Health (and Public Assistance), with headquarters in Damascus, is responsible for the health and the medical care of the population. Subordinate provincial health departments carry on the activities of the Ministry in each of the 9 *muhafazats*, or provinces. Autonomous municipal organizations function in Damascus, Aleppo, Homs and Hama. A limited number of philanthropic, mission and international agencies carry on health services in close co-operation with the Ministry. In 1951 there were 47 hospitals in Syria, with an aggregate capacity of 2,255 beds—approximately 0.7 beds per 1,000 inhabitants. Of this number, 22 hospitals, with 1,525 beds, were supported by the government, and the remainder by private organizations. In the same year, the Ministry maintained 111 clinics and dispensaries scattered throughout the country, including 3 maternity and child welfare centers, 7 mobile dispensaries and 6 mobile units for the treatment of specific diseases.

Water supplies are usually deficient, ex-

cept in the vicinity of the principal rivers. 312
Domestic supplies are derived from wells, springs or rivers, and sometimes from water holes or rain-water cisterns. Untreated 312, piped water supplies serve all or parts of 364 the larger towns. The municipal supplies of Damascus and Aleppo are controlled for purity, but contamination is frequent in the smaller communities. Sewerage systems are available in the chief cities, but the methods of sewage disposal are generally primitive in towns and villages. The standards of nutrition vary, depending upon the economic and the social conditions in different regions. Undernutrition and subclinical avitaminosis are widespread, but serious deficiency diseases are encountered only among limited population groups. 146

The most prominent disease problems are malaria, trachoma and dysentery, both amebic and bacillary. Enteric fevers, tuberculosis, helminthiasis and skin infections are prevalent. Venereal diseases are widely distributed, while bejel is endemic among the nomadic and the seminomadic peoples of the northeastern provinces. Hookworm infection, schistosomiasis, caused by *Schistosoma haematobium*, and leprosy exist in scattered foci. Localized outbreaks of cholera were reported in 1947-48, the first in 20 years. Vaccination against smallpox is compulsory, but sporadic cases and occasional epidemics are recorded. Outbreaks of louse-borne typhus are recurrent, while sporadic cases are reported almost annually. Small outbreaks of louse-borne relapsing fever have coincided with regional epidemics. Measles and the common respiratory infections are endemic, and frequently epidemic. Cutaneous leishmaniasis, brucellosis, rabies, tetanus, anthrax, dengue fever and sandfly fever are endemic. Meningococcus meningitis, diphtheria, plague, tick-borne relapsing fever and murine typhus are sporadic. Recognized cases of scarlet fever and poliomyelitis are apparently rare. Doubtful cases of tick-borne typhus and kala-azar have been described. 164 751 164

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